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J. ADAMS ALLEN, M.D., LL.D.,

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CHICAGO MEDICAL JOURNAL.

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ORIGINAL CONTRIBUTIONS.

Fifteen Cases of "Cerebro-Spinal Meningitis," and their Post Mortem Appearances. Presented by CHAS. M. CLARK, M.D., late Surgeon 39th Ill. Vol. Infantry, and Chief Operating Surgeon 24th Army Corps.

During the months of January, February, and March, 1865, a large number of cases came under my notice at the field hospital of the 24th Army Corps, which, at that time, was located near Hutchin's Run, Virginia. I took especial interest in studying the disease, and in making full and thorough examinations after death, which I am sorry to add, was the termination in nearly every case that presented for treatment.

CASE I. Benjamin Hyman, private, Co. F. 11th West Virginia Regiment, American by birth, aged 20 years; admitted to hospital February 20th, 1865. On his admission he was fiercely delirious, and after being placed in bed he would not lie quietly, but kept changing his position from side to side; would often break out into loud exclamations and moans; often starting up with a wild, staring expression of countenance, and, if not forcibly prevented, would get up and saunter down through the aisle of the ward. His pulse was 80; and soon after his entrance, he vomited a large quantity of a dark green

matter. The pupils of the eyes were slightly contracted; the tongue moist and normal; skin dry and cold; and the hands and feet were purplish in color. The urine was scanty and very high colored, and the bowels were costive.

He was placed in a warm bath, and after his return to bed a mild cathartic was given and a blister applied to the nape of the neck, together with a sinapism to the plantar surface of each foot. Ten grains of Dover's powder were also administered.

Progress of case.—Feb'y 21. Very restless and wild; no sleep during the night; pulse 120, very small and irregular; bowels moved during the night. During the day, petechiæ of various sizes commenced to appear, mostly noticeable on the fore-arms and legs. Quinine and acetate of potash ordered to be given him.

Feb'y 22. No perceptible alteration in the symptoms. A catheter was passed and a small quantity of dark urine was drawn off. Quinine and potash continued, with the addition of milk punch every few hours.

No considerable change occurred in the case, with the exception of increasing weakness, until *Feb'y 26th*, when the pupils became dilated and there was a disposition to cough. The delirium at this time was more mild; there was disposition to sleep; and the patient lay comparatively quiet on his bed. The bowels were still inclined to be costive; urine scanty and high-colored; tongue dry through the centre, but not furred or discolored. He had some appetite, but did not wish anything but pie to eat. Continued same treatment.

Feb'y 27. Had involuntary dejections from the bowels; urine more free, not so highly-colored, and passed naturally; pulse varied from 80 to 130; lay comparatively quiet and comatose; pupils largely dilated, and the eyes injected. During the day, he commenced throwing back his head, and there was some trembling of the limbs.

Feb'y 28. No change. Some vomiting of greenish matter. Some difficulty of deglutition noticed.

March 1. Continues apparently the same. Dimness of vision noticed; he is also becoming quite deaf.

He passed along in this state, growing gradually weaker;

tongue dry and moist by turns; sub-sultus increasing; pulse gradually failing, until *March 5th*, when he died, at 9 o'clock P.M. Just previous to his death, pustules of acne broke out, most apparent about the face and neck, but some few crops were seen on the fore-arms and legs.

SECTIO CADAV. 17 HOURS AFTER DEATH.

Rigor mortis well marked. Body not emaciated.

Head.—On removing the calvaria, the dura mater was found greatly injected with both arterial and venous blood, and somewhat thickened. The arachnoid had a shiny opalescent look, and was noticeably thickened at about the middle and on either side of the longitudinal fissure. On reaching the pia mater, it was found covered with patches of lymph and pus. On removal of the brain from the skull, a large quantity of serum, flaky with pus, escaped from the membranes of the spinal cord, and when the brain was placed on the table, by slight pressure, some six ounces of serum escaped from the membranes and third ventricle. In the spinal canal, three drachms of thick, yellow pus were found. Over the pons varolii, optic tract, and the base of the cerebellum a thick layer of laudable pus was seen, and some was also found between the lobes of the cerebellum. On cutting down through the left hemisphere of the cerebrum to the corpus callosum and opening the lateral ventricle, three drachms of flaky serum were found, and in the anterior and posterior cornua, there was one drachm of thick pus. The right lateral ventricle presented the same appearance. Pus was also found in the third and fourth ventricles. The brain tissue, especially the cortical portion of both cerebrum and cerebellum, was soft and pultaceous and easily broken up. The medullary portion did not seem greatly altered, although the puncta vasculosa were more numerous than is usual.

Chest.—The lungs and heart were found normal.

Abdomen.—The organs in this division were healthy, and nothing appeared abnormal except the under surface of the liver, which presented a very dark, shining look. The gall-bladder was empty.

CASE II. Gaines Reynolds, private, Co. I., 89th N.Y. Vols.,

American, aged 24 years. This man was admitted to hospital February 7th, 1865, with the following history, forwarded by Surgeon Squires at the time:—"Man was taken sick January 17th with chill; severe pain in head, back, extremities, and the surface of the body generally. Vomiting was an early and persistent symptom. Blue pills and a saline cathartic were administered in the first place, and three blisters were used: one to the back of the neck, and one to either calf of leg.

A threatening collapse occurred about twelve hours from the seizure, in which the patient came near dying. Stimulants were freely used and heat applied; reaction finally came on. The bowels were moved by the physic, but did not move again in a week's time. He vomited every day. His chief complaint was pain in his head, back, bones, flesh, and all over. His eyes were red at first, and discharged a little: his hearing was very acute, and the least noise greatly disturbed him. There was great sluggishness in urinating. The head was disposed to be retracted. He was rational all the time; no convulsions; no delirium; no paralysis. The pains gradually left him, and he was sent to Field Hospital."

The symptoms of this man, on entering hospital, were:—Slight pyrexia; eyes injected, looking like a case of acute conjunctivitis; pupils greatly enlarged; very restless in body, but evinced no derangement of mind. He was not disposed to talk much, but would answer questions correctly and fully. No delirium throughout. His tongue was thickly coated; and, during his stay in hospital, he had several involuntary discharges from the bowels. His kidneys acted freely and naturally, no catheter being necessary, and there was no especial deposit noticeable in the urine voided. The heat about the head was greatly increased, and there was a constant desire to keep the head thrown back. His appetite was moderate; did not desire food, but would eat his toast and drink tea or coffee at the usual hour. He was placed upon quinine and nit. potass., together with milk punch. Anodynes were given when necessary. and cold was constantly applied to the head.

The case thus passed on, without change, until 6 o'clock P.M., February 13th, when he died comatose.

SECTIO CADAV. 2 P.M., FEBRUARY 14TH.

Rigor mortis not well marked. The body not emaciated.

Head.—The first appearance on removing the skull cap, is extensive congestion of the dura mater; some slight adhesions between the dura mater and arachnoid. On reaching the pia mater, there was quite a flow of serum (flocculent), and on each side of the longitudinal sinus there was an extensive exudation of pus. On removing the brain, there was found, at the time the section was made, a considerable flow from the meninges. There was a thick layer of pus over the whole of the medulla oblongata. On opening the membrane near the optic commissure, there were found two ounces of serum. The lateral ventricles were found full of serum, of a turbid character. The fourth ventricle was also found full. The brain tissue was softened throughout its whole extent. Upon examination of the cervical portion of the cord, some pus was found, and the cord was softened.

Chest.—The left lung was covered with false membrane throughout its whole extent, and was firmly bound down posteriorly; the pleura was also firmly adherent to the pericardium. The lung was full of a tubercular deposit, of the miliary character, together with some of the other forms; the right lung was normal. Great hypertrophy of the pericardium on the left side; no effusion within it. There was an abnormal fatty deposit over the whole anterior surface of the heart.

Abdomen.—The substance of the liver was engorged; the gall-bladder was greatly distended; spleen normal; kidneys of usual character.

Intestines.—Omentum thickened and somewhat diseased; transverse colon contracted to one-third its normal size; mesentery very fatty; ileum considerably congested, but no ulcerations found, its coats were very thin. A lumbricoid worm was found in the jejunum. Descending colon thickened and constricted; bladder distended with urine.

CASE III. Emory Wells, private, Co. D., 39th Ill. Vols., American, aged 25 years. This man entered hospital at Richmond, Va., June 14th, 1865, at 10 o'clock A.M. At the time

of his entrance, he was comatose; pupils largely dilated; tongue moist, but not furred; pulse 140 to 150; great disposition to tonic spasms; keeping the head thrown back; no apparent delirium; urine and fæces passed off freely and naturally; the eyes were congested and suffused; and respiration was very rapid.

Dr. James Crozier, Assistant-Surgeon in charge of the regiment, stated that the man was apparently well the day before his entrance to hospital, although since his enlistment into service he had never been able to perform the full duties of a soldier. No change occurred in the condition of this man, and no treatment was given him, as it was apparent that he must soon die. He died at 11:30 P.M., June 15th, 1865, just 13 hours and 30 minutes after his entrance.

AUTOPSY HELD AT 12 M., JUNE 16TH, 1865.

Body emaciated; rigor mortis not well marked.

Head.—On removal of the skull cap, the dura mater was found greatly injected with blood; no especial change was manifest in the arachnoid, but over the entire surface of the pia mater there was a large deposition of thick, yellowish pus; the brain tissue proper, was found infiltrated, greatly congested, and very much softened—a slight stream of water would wash it away; pus was found distributed in patches over the whole brain, and in its sulci underneath the pia mater; the right and left ventricles were full of bloody serum, which was flaky with pus corpuscles; the third and fourth ventricles presented the same appearance.

Chest.—Lungs and heart were found normal.

Abdomen.—All of the contained organs were in a healthy condition except the kidneys, which showed a little fatty degeneration.

I have neglected to mention that the medulla oblongata and the cervical portion of the spinal cord were infiltrated with pus.

CASE IV. Dennis Brow, private, Co. M., 4th Mass. Cav., aged 26 years. This man entered hospital February 19th, 1865. When first seen, he was suffering with a severe chill; he was delirious, and suffered considerable dyspnœa; his tongue

was red, with a brown centre; the pupils were natural; skin dry and moist; pulse scarcely perceptible at the wrist, very frequent and irregular, 120 to 150; eyes red and highly injected; diarrhœa, with involuntary discharges from the bowels; respiration short and quick; respiratory murmur clear and distinct; no cough; very restless, with some tenderness over the abdomen; purpura hemorrhagica appeared in spots over the whole surface of the body; is indisposed to talk, and it is with great difficulty that he can be made to answer questions.

This patient presented (according to the history furnished by the surgeon of his regiment) every appearance of enjoying good health previous to this sickness, which attacked him the day previous to his entrance to hospital.

Treatment.—He was put in a warm bath, containing mustard; sinapisms to the epigastrium, inside of the thighs and ankles; a saline cathartic was given, and quinine and Dover's powder were ordered during the night.

Progress of the case.—On visiting him next morning, I found him a little more rational, yet there was wandering of the mind and disposition to talk; there was an increase of the purpura over the body; breathing was more natural; pulse imperceptible at the wrist; skin cool and moist; had several involuntary evacuations during the night; bowels still tender; vomited occasionally a greenish matter, and could retain nothing on the stomach; there was a puffy condition of the face and neck; the pupils were enlarged; and the whole surface of the skin was hyperæsthetic. The patient gradually sunk, and died at 2:30 o'clock P.M.

AUTOPSY, 11 O'CLOCK A.M., FEBRUARY 21ST, 1865.

Brain.—The dura mater presented petechial discoloration over the whole of the superior surface, considerable effusion underneath it; arachnoid somewhat thickened; pia mater extensively injected with blood, with here and there a thick purplish streak, pus found in patches over its whole extent; lateral ventricles full of bloody serum; thick pus over optic tract; the cerebellum presented the same appearances; there was pus in the fourth ventricle, and in the spinal canal.

Chest.—Right lung closely adherent to the pleura costalis; and the pleura over both lungs presents a mottled appearance; lung tissue healthy. On opening the pericardium, found it greatly congested and spotted; thick purple streaks of congestion are numerous. The pericardium contained two ounces of serum, largely mixed with pus. The heart itself is mottled and is covered with large patches of pus, especially around the sinuses of the aorta. The muscular tissue of the heart is thickened and condensed, cutting like cartilage. Left ventricle contained one ounce of thin bloody serum.

Abdomen.—The liver, both externally and internally, presents patches of congestion; a small ulcer was found in the left lobe; substance of liver greatly softened. Spleen one-third larger than normal. Kidneys normal.

Intestines.—The whole tract was covered with the hemorrhagic spots; otherwise it was healthy. The stomach was largely distended with gas. Bladder found full of urine.

Case V. William Statlen, American, aged 21 years, private, Co. C., 15th West Va. Vols. Admitted February 26th, 1865. Symptoms on entrance:—High fever; pulse 120; considerably delirious and extremely restless; pupils contracted; he could not be aroused or made to understand anything; petechial spots were present over the whole surface of the body, but were most marked over the chest and abdomen; had attacks of vomiting every half-hour or so, when he would throw up small quantities of greenish fluid.

Treatment.—A warm bath was given him, with stimulant pediluvium, and he was placed upon large doses of quinine and Dover's powder. He died comatose, at 12 o'clock noon, February 28th, without any marked change in the symptoms.

AUTOPSY, 10 O'CLOCK P.M., MARCH 1ST, 1865.

Body not emaciated; rigor mortis not well marked.

Brain.—The pia mater, over the whole surface of the cerebrum, was covered with a thick deposition of lymph and pus; brain tissue greatly congested; base of brain covered, in patches, with thick, yellow pus; pons varolii covered with pus in large quantity; brain softened throughout its whole extent,

and the convolutions were full of serum and pus; one drachm of bloody serum was found in each lateral ventricle; the membranes of the cord were infiltrated with pus, and some two ounces were collected in a cup on section of the cord through the lower cervical region.

Chest.—The lungs were normal. Heart:—Some effusion in the pericardium; heart looks anæmic, with considerable fatty deposit; is enlarged one-quarter, and the tissue is hard and horny to the feel; large albuminous clots were found in the ventricles, the clot being very firm and hard, and each clot passing up into the corresponding auricle; the valves of the aorta were very flabby.

Abdomen.—Liver:—Gall-bladder greatly distended; substance of the gland normal. Spleen hypertrophied. Kidneys normal. Intestines:—Omentum very fatty; mesenteric glands enlarged; calibre of the ileum contracted. Bladder greatly distended with decomposing urine; its walls were greatly inflamed and discolored, the mucous lining presenting livid spots.

Case VI. F. M. Dwyre, American, aged 23, private, Co. C., 9th Maine Vols. Admitted January 15th, 1865, with high fever; pulse 120; severe pain in the back; tongue brown and dry; some epistaxis; urine high colored, with thick phosphatic sediment; eyes injected; pupils contracted; the skin has a jaundiced appearance, and is dry and harsh.

Soon after admission, he became delirious, and so continued, without lucid intervals, until death.

Progress of case.—For the first three days, there was retention of urine. The catheter was used. The urine was high colored; had a strong smell, and deposited a heavy, reddish sediment. On the fourth day, the urine became more free, of light color, and passed naturally. The pupils remain contracted; some trismus manifest; also difficulty in deglutition. Fifth day, some jactitation manifest; hearing and vision very obtuse. Patient continued in about the same state, with no other very noticeable symptoms, until January 24th, when he died.

AUTOPSY, 12 O'CLOCK M., JANUARY 25TH, 1865.

Body greatly emaciated; and the skin is very yellow throughout its whole extent. On removing the skull cap, the dura mater was found intensely congested; the pia mater was covered with lymph, with here and there patches of pus; the cerebrum was considerably softened in places; large quantities of pus were found covering the base of the cerebellum, medulla oblongata, and optic tract; the membranes of the cord were distended with serum, some pus also was found in them; the cerebellum was very soft, almost disorganized; the lateral ventricles were full of bloody serum, with pus in the cornua.

Chest.—Right lung healthy; left lung found to be undergoing hepatization; lymph was suffused over its entire surface, and adhesions had commenced forming to the pleura costalis. Heart:—Some effusion in the pericardium; organ otherwise normal.

Abdomen.—Liver fully one-third larger than natural, and its entire surface beautifully mottled; the gall-bladder was quite empty; substance of liver quite soft, and one could easily push the finger through it; spleen and kidneys normal; the stomach was inflated, also the transverse colon, which was greatly distended, measuring 15 inches in circumference; right colon found adherent to the peritoneum, along its whole tract, and considerably congested; appendix vermiformis enlarged and greatly congested; three inches of the ileum found intussuscepted in one place, and four inches in another. The vessels of the whole intestinal tract were injected; the glands of the mesentery were enlarged; bladder full, and closely adherent to the peritoneum. The adhesions of the colon and bladder were old, very firm and thick, containing an abundance of cellular tissue. (This man had, at no time, been troubled with diarrhœa.)

CASE VII. Joshua J. Drake, private, Co. H., 199th Pa. Vols., aged 26 years, American. Entered hospital January 18th, 1864. At the time of his entrance, he seemed to be suffering from well marked symptoms of typhoid fever. The tongue was dry and brown; teeth encrusted with sordes; pulse full and

rapid, 120 in the minute; great sub-sultus tendinum; furious delirium; an occasional cough; pupils natural; urine scanty and high colored.

Treatment.—He was bathed and placed in bed, with sinapisms to the feet and cold to the head; Dover's powder and nitrate of potash were followed by a blister to the back of the neck.

Progress of case.—The symptoms noticeable on admission did not abate, but continued with an increase of the sub-sultus, and a tendency to opisthotonos; some epistaxis; eyes injected, and coma-like stupor; urine passed off freely, sometimes involuntarily; bowels moderately lax; no change in pupil, and he died January 22d, at 8 o'clock P.M.

AUTOPSY, 1 O'CLOCK P.M., JANUARY 23, 1865.

Body emaciated; some discoloration about the abdomen; the toes of each foot look blue.

Brain.—Dura mater highly engorged; some effusion between the pia mater and brain; slight exudation of lymph over the cerebrum and some effusion in the convolutions, with corpuscles of pus contained; substance of cerebrum softened; no effusion found in the ventricles; membranes of the cord distended with serum; cerebellum covered with lymph; slight exudation of pus over the optic tract.

Chest.—No effusion in the chest. Left lung:—Upper lobe consolidated; lower lobe highly congested. Right lung shows a highly inflamed condition, and, on cutting into the tissue, pus exudes. Heart:—Pericardium contains eight ounces of serum; slight pericarditis manifest; blood in the ventricles not coagulated; the right auricle contains an albuminous clot.

Abdomen. — Liver enlarged one-third; gall-bladder enormously distended; substance of liver apparently healthy; spleen weighs $1\frac{1}{2}$ lbs; kidneys normal; stomach healthy, and contains six ounces of fluid.

Intestines.—Calibre of the ileum diminished fully two-thirds; colon filled with fæcal matter; some congestion throughout the whole tract of the jejunum; otherwise, the intestines are healthy. The bladder was distended with urine.

Case VIII. David Small, Co. I., 9th Maine Vols., aged 16 years, American. Admitted to hospital January 18th, 1865. On admission, there was well marked eruption of rubeola; skin hot and dry; pulse 120; some cough; tongue red and dry, especially through the centre; pupils natural; no delirium; respiration very hurried; aud patient seemed stupid.

Treatment.—Was bathed, then put to bed, when liq. ammoniæ acetat. was given, together with quinine and milk punch.

Progress of case.—No change manifest in symptoms, until the 18th, when the patient became delirious; pupils contracted; tendency to keep the head thrown back. No medicine given after this. Patient died January 23d, at 9:30 o'clock A.M.

SECTIO CADAV. 12 O'CLOCK M., JANUARY 23.

Body extremely emaciated; rigor mortis well marked.

Brain.—Membranes seem engorged with blood, and over the whole surface of the cerebrum there is a well marked arterial and venous congestion. Underneath the arachnoid membrane, there is an extensive deposition of lymph, also patches of flocculent pus; the sulci of the brain are filled with serum. Six drachms of serum found in the left lateral ventricle; none found in the right. Cerebellum softened, otherwise presents the same appearance as the cerebrum. Some pus found around the optic commissure. Pons varolii softened.

Chest.—Four ounces of serum in the pleural cavity. Right lung:—Lower lobe hepatized; false membrane is forming over the posterior surface. On cutting into the substance of the lower lobe, pus exudes. Left lung normal. Heart:—Pericardium contains four ounces of serum; heart atrophied, and the muscular tissue much softened.

Abdomen.—Liver one-third larger than normal; substance greatly congested; gall-bladder atrophied, empty, and congested. Kidneys slightly enlarged, otherwise normal. Spleen normal.

Intestines.—Intussusception of ileum for eight inches, old in in character; mucous membrane of the containing part much thickened and congested; whole intestinal tract engorged with blood, but no signs of active peritonitis; stomach enlarged and filled with flatus, also contains four ounces of fluid.

There was phimosis of the penis in this case, and the boy was known as a masturbator. It should have been stated that on removal of the brain, eight ounces of serum escaped through the foramen magnum, and that the medulla oblongata and cord were highly congested. There was also slight adhesion of the pia mater to the brain.

Case IX. Arthur Smith, aged 23, private, Co. G., 7th Conn. Vols. Admitted to hospital January 6th, 1864. This man was taken with a chill, followed by fever, and complained of pain and soreness throughout his whole body; pupils natural; occasional vomiting of greenish matter.

Treatment.—Given pulv. Doveri and quinine, and $\frac{1}{4}$ gr. of morphine at tattoo. The skin seemed normal; and urine passed naturally.

Progress of case.—No change in symptoms until just prior to his death, when he became delirious; pupils dilated; and had tonic spasm. He died comatose at 12 M., January 22d.

SECTIO CADAV. 4 P.M., JANUARY 22.

Body slightly emaciated; rigor mortis not well marked.

Brain.—Dura mater distended with serum; slight adhesions of the pia mater to the brain; substance of brain greatly congested, with exudation of pus over its whole surface; cerebrum softened; cerebellum so very soft that a stream of water disorganized it; no effusion within the ventricles; spinal cord congested.

Chest.—Right lung normal; left lung congested, and the upper lobe throwing out lymph. Heart:—Pericardium contained eight ounces of serum; the blood found in the cavities of the heart was fluid; structure of the heart normal.

Abdomen. — Liver hypertrophied; gall-bladder distended. Intestines:—Colon filled with fæcal matter, well digested and of good color; small intestines congested, patches of ulceration found throughout the whole tract of the ileum; spleen somewhat enlarged; kidneys normal; bladder found nearly empty.

[*To be continued.*]

Introduction to the Course of Lectures on Deseases of the Eye, in Rush Medical College, Session of 1866–67. By E. L. Holmes, M.D., Surgeon to the Chicago Charitable Eye and Ear Infirmary, etc.

Gentlemen—Before we enter upon the actual investigation of the subjects which we propose to discuss in this course of lectures, I am desirous of calling your attention to a few practical points in reference to your studies here as students, and to your future labors as practitioners.

I do not wish to magnify the importance of ophthalmology; the importance of the organ itself, of which it treats, the great suffering so often caused by its manifold diseases, and the terrible calamity which befalls the unfortunate patient when its diseases have forever extinguished the sense of sight, render it unnecessary to urge its claims especially upon you.

If it is the great object of the physician to prolong life, to preserve the health of every organ in the human system, and to prevent physical and mental suffering, there would seem to be scarcely a reason why the affections of an organ so delicate and useful, and so liable to disease, as the eye, should ever be so generally neglected by those who are preparing themselves for the duties of our profession.

It is stated on good authority, that one-twelfth of all the patients treated in the English hospitals suffer from affections of the eye. In this country, there is probably about the same proportion of ophthalmic diseases. Physicians in certain portions of this State, in active general practice, have informed me that at times one-third of their patients are afflicted with diseases of the eye.

And yet, it is true that the study of these diseases and their treatment have been almost absolutely neglected, not only by the student of medicine, but by the majority of practitioners. The causes which have tended to detract the attention of the profession from ophthalmology are to be found in the great obscurity which has existed, regarding the nature and treatment of diseases of the eye, and in the absence of instruction

in our medical colleges, in consequence of the short term of study required previous to the examination for the degree of medicine. Practitioners too often fail to pursue in this department of their education what they omitted in their collegiate course.

Discredit has been thrown upon this special department, from the fact that the treatment of diseases of the eye has been left to such an extent in the hands of incompetent and unprincipled charlatans. When such a field of labor was abandoned, as it were, by educated practitioners, it is scarcely a matter of surprise that it should have been occupied by ignorant pretenders. So much light, however, has been thrown upon our knowledge of ophthalmic diseases; so many valuable works on the subject have been recently presented to the profession; the facilities for teaching this branch have been extended to such an extent in our schools; the infirmaries for the special treatment of diseases of the eye in several of our large cities afford so large a number of cases for clinical instruction, that extraordinary interest in ophthalmic science has been developed in this as well as every other country.

I apprehend very much that is said regarding the importance of ophthalmology is called forth in consequence of the very great neglect which the science has so long suffered. Undoubtedly, if diseases of the lungs, or if the treatment of fractures, or any class of affections, had been almost absolutely omitted in the instruction of our medical colleges, with the expectation that the student could secure the necessary knowledge after he had entered upon active practice, there would be the same discussion regarding the importance of the study of these affections, as now in regard to the study of diseases of the eye.

You can, with your best efforts, but lay the foundation of a medical education during your college courses. It is for your interest that this foundation should be broad and thoroughly laid. Your medical studies, therefore, in this place, should have scarcely any direct reference to a specialty; for no specialty can be cultivated with full advantage without a good knowledge of every important branch of medical science. To

secure this knowledge, requires at least three years of most careful, unremitted study. Even this peroid is scarcely sufficient to prepare the student for the responsibilities of actual practice.

It should be remembered that, almost without exception, those who have distinguished themselves as specialists in any department have been thoroughly educated physicians. I therefore most earnestly recommend you all to follow sedulously the lectures of each of your teachers, and read upon each subject all your time will permit. Those of you, whose sphere of labor will be in a thinly settled country, should not, under ordinary circumstances, devote your time to any specialty. The people around you depend upon you for relief in every form of disease and accident. You must be their physician, surgeon, obstetrician, oculist, aurist, and, to a certain extent, their dentist; you should, therefore, comprehend the affections of every organ. Neither your time and opportunity for observation, nor the demands of the community in which you may practise, will permit you to cultivate a specialty with advantage.

But as you advance in years and [illegible] xperience, and you become surrounded by a denser popu[illegible] you can then, perhaps with advantage to yourselves a[illegible]dr patients, follow your tastes in the study of special dis[illegible]ses.

Those of you, on the othe[illegible] enter upon practice in a thickly settled town [illegible] will be placed in a somewhat different position. You [illegible] then restrict your labors to such a branch or branches of our profession as your tastes or as accidental circumstances may dictate. There will be a sufficient number of practitioners near you to preclude all danger that the sick cannot secure immediate and prompt attention.

To those of you who have not finished your collegiate course, I would, therefore, give this advice:—Attend the lectures on diseases of the eye at the clinic and lecture room, and study, as you find opportunity, a suitable text-book, precisely as you do in the other branches taught in this place by your different professors. Make it your chief object in this, as in other departments, to obtain those fundamental principles which, if fully

comprehended, will render your future studies comparatively easy, in whatever direction you wish to pursue them.

And yet, I would have you distinctly understand that I am a warm advocate of the subdivision of professional labor, provided this subdivision is based upon correct principles. I believe any system of education is erroneous, which tends to restrict the student in college to the investigation of one class of diseases. Each organ of the body is so intimately connected with the other organs, that the skilful diagnosis and treatment of its diseases require a range of study far more extensive than that of its anatomy, physiology, pathology, and therapeutics. No one can be a good oculist without being a good physician.

It is true, the field of labor in the science of medicine is so extensive that no one can ever hope to attain perfection in all its departments. It is fallacious, however, to maintain that, because an intimate knowledge of the whole science of medicine is beyond the capacity of any intellect, one can become really perfect in one department by neglecting all others. The pursuit of a specialty, to the neglect of any subject practically related to the science of medicine, cannot fail to narrow the mind and render it less capable of thoroughly investigating the disease even of one organ.

Be determined, therefore, if you intend to devote your best energies to the study of ophthalmology, first, to make a careful investigation of every branch of medical science; endeavor to become familiar, as general practitioners, with all diseases; then, as circumstances become favorable for such a step, relinquish the practice, for instance of surgery and obstetrics, and devote more and more of your time to diseases of the eye.

Our present course, as you well know, will consist of a comparatively few lectures in this place, and of two clinics each week at the Eye and Ear Infirmary. It will be my chief object to direct you in entering upon the study of ophthalmology, and to excite such an interest in the subject that you will give it the attention it deserves.

As text-books for you, as beginners, I would recommend for your careful perusal, the recent work of Mr. Laurence and Mr.

Moon, and the two small but excellent volumes of Dr. Williams, of Boston. After the principles of the science, presented in either of these works, have been carefully impressed on your minds, and you have examined the cases at the infirmary requiring surgical or medical treatment, you will be, to say the least, prepared to commence and fully comprehend any of the standard works you choose to study.

Prof. Stellwag, of Vienna, has undoubtedly written the most valuable text-book on ophthalmology, which can be found in any language. It will, probably, be soon translated into English, and will be a work you should all possess.

The work of Wecker, of Paris, not yet completed, will be a most valuable contribution to ophthalmic literature. At the present time, there is not a single manual on diseases of the eye in the English language corresponding, for instance, to the work of Prof. Flint, on general medicine.

There are, however, many valuable monographs and two very important ophthalmic journals:—The *Ophthalmic Review*, published semi-annually in London, and edited by Laurence and Winsor; and the *Royal London Ophthalmic Hospital Reports*, edited by Wordsworth, Hulke, and Hutchinson. These journals are invaluable, and worthy of your attention.

Those of you who read German, will find two journals whose pages are filled with most interesting matter, not only on theoretical but practical subjects connected with ophthalmology. One is edited by Arlt, Donders, and Græfe; the other by W. Zehender.

For an ample discussion of the principles and application of the ophthalmoscope, I must refer you to the work of Zahnder, translated in England by Carter, and soon to be reprinted in this country. This, in connection with the beautiful ophthalmoscopic plates of Jæger and Liebreich, will enable you, with practice in examinations with the ophthalmoscope, to understand the abnormal appearances you may detect in the optic nerve (papilla), retina, choroid, and vitreous humor.

You will find in the celebrated work of Donders, translated by Dr. Moore, for the New Sydenham Society, nearly all that

is known regarding the accommodation of the eye for vision at different distances, the abnormal conditions of the refracting media, the causes of strabismus, and the use of glasses. This work, although very large, is so divided in its chapters, that the "practical" portions are entirely distinct and separate from what might be termed by many the theoretical and comparatively useless portions.

I cannot close this lecture, without urging upon you the following important advice:—Form the habit of frequently examining the eye in health in persons of different ages and different constitutions; learn to observe at a glance the condition of the palpebral conjunctiva, and of the margin of the lids, and the position of the puncta and ciliæ; the form, size, (apparent) color, and movability of pupil; the color and position of the iris and the surface of the cornea, as seen with the light falling upon it from various directions.

By cultivating this habit, you will be able to recognize the difference between the conditions of health and disease much more readily than you can with no positive knowledge of the various normal appearances of the eye.

PROCEEDINGS OF MEDICAL SOCIETIES.

CHICAGO MEDICAL SOCIETY,

PATHOLOGICAL SPECIMENS OF THE HEART.

Dr. Ross presented to the Society, for examination, five hearts which had been removed from subjects at the County Hospital. The history of each case with the diagnosis, as made previous to the *post mortem* examination, treatment, and abnormal appearances, made a most interesting and instructive contribution.

Case I. M. C., male, *æt.* 45 years, had suffered for twenty years from repeated attacks of rheumatism, apparently induced by exposure. He had, however, been able to follow his occu-

pation till within six months previous to entering the hospital, although he had for several years suffered much from shortness of breath on exertion.

On admission to the hospital, there was labored breathing; inability to recline; œdema of lower limbs, and very great exhaustion. Dullness on percussion over the cardiac region, disclosed extensive hypertrophy of the heart; a loud blowing murmur with the first sound, heard most distinctly over the apex, and propagated downwards and to the left, disclosed insufficiency of the mitral valves; a murmur with the second sound, loudest at the base, and propagated upwards, showed thickening of the aortic valves. Death occurred two weeks after admission to the hospital.

The heart was found to be hypertrophied, weighing 16 ounces. The pericardium contained 4 ounces of fluid, and was adherent, in places, to the heart. The mitral valves were so thickened by the presence of calcareous deposits, that they resembled a large tumor with a narrow, slit-like opening through it. The aortic valves were also much thickened. The gall-bladder contained a large number of concretions.

Case II. E. L., *æt.* 65. Had suffered many years from rheumatism. The general symptoms, on entering the hospital, were similar to those in the case just described. There was a very loud friction sound, with regurgitation, heard with the first sound of the heart.

He was so reduced in strength that he survived but nine days. The heart was found hypertrophied, weighing 25½ ounces. The mitral valves were much thickened, reducing the opening to the form of a mere slit. The other valves were normal. The pericardium contained 10 ounces of fluid, with extensive fibrinous exudation. The spleen weighed but 2 ounces.

Case III. J. O. L., male, *æt.* 19 years. Had long suffered from severe attacks of intermittent fever. He had become much reduced and anæmic, with loss of appetite; limbs œdematous; there were symptoms, on percussion, of hypertrophy of the heart. There was severe pain in the frontal region of the head. The patient died comatose on the fifth day after entering the hospital.

At the autopsy, there was found upon the upper and lateral surfaces of the brain, extensive fibrinous deposits; the convolutions of the brain were adherent. The heart was hypertrophied, without valvular disease, and weighed 13 ounces. The spleen weighed 37 ounces.

Case IV. P. T., *æt.* 35 years, male. Entered the hospital in an advanced stage of phthisis pulmonalis, with hypertrophy or dilatation of the heart, and insufficiency of the aortic valves.

The autopsy revealed very extensive and remarkable dilatation of the right auricle, and slight dilatation of the ascending aorta. The tricuspid valves were thickened and hard; the semi-lunar valves of the aorta thickened and closed imperfectly. mitral valves were normal.

Case V. M. M., *æt.* 35 years, male. Had a severe attack of rheumatism ten years since. Two years ago, he first began to experience difficulty in breathing. On entering the hospital he was suffering from great dyspnœa, cough, and anasarca of lower limbs. He survived but seventeen days. The heart was hypertrophied, weighing 17 ounces; the mitral valves were thickened, their edges being united to such an extent as to reduce the opening between them to a narrow slit; the other valves were normal.

SULPHURIC ACID IN VARIOLA AND ERYSIPELAS.

Dr. O. Smith gave the history of a case of small-pox in a child 3 years of age, in which the eruption in its earliest stages completely covered the body, as in the confluent form of the disease. There was violent fever, with other symptoms peculiar to the disease.

Sulphuric acid and water, sweetened so as to resemble lemonade, was given freely to the child. In consequence of the intense thirst, very large quantities of the solution were taken. In twelve hours, the fever entirely subsided. But twelve large pustules were formed on the body, the rest of the eruption disappearing before coming to maturity. The subsequent symptoms were very mild.

Dr. Smith regards sulphuric acid, administered freely as just

described, almost a specific in erysipelas, and far superior to the muriated tincture of iron.

USE OF A CONCAVE REFLECTOR IN EXAMINATIONS OF THE EAR.

Dr. Holmes called the attention of the Society to the use of this instrument in examinations of the external meatus, as recommended in the excellent work of Von Trœltsch on diseases of the ear, translated by Dr. Roosa, Aural Surgeon to the New York Eye Infirmary. The instrument is a concave reflector, three inches in diameter, with a focal distance of four inches, and is contained in a metallic frame, with a suitable handle. In the centre of the reflector, a small disc of the amalgam is removed, as in the small concave reflector of the ophthalmoscope, to allow the rays of light from the illuminated ear to enter the observer's eye.

By means of this instrument, the deeper portions of the external meatus can be distinctly seen, even in a cloudy day, or by the light of a candle in a darkened room. The patient can be examined while lying in bed, if necessary, as well as in an erect position.

CASE OF CEREBRO-SPINAL MENINGITIS.

Dr. Hatch read the history of a fatal case of this disease, in which the patient, male, 21 years of age, had suffered, for two weeks previous to seeking medical aid, from headache, languor, loss of appetite, and feverishness, although he had followed his daily occupation.

At the first visit of Dr. H., the patient had apparently just passed through the different stages of a violent congestive chill, which left him with a high fever; with very frequent pulse and respiration; nausea and vomiting; great restlessness; exalted sensibility of the surface; and a terrible headache, with dullness of perception. These symptoms were accompanied, in a few hours, by coma and general muscular stiffness, which was especially marked about the neck. Death occurred in about 48 hours, soon after which the peculiar spots of the disease appeared on the surface.

ELGIN MILK CONDENSING COMPANY.

Dr. Hamill reported the observations made by himself and Dr. H. A. Johnson, during a visit to the "Elgin Milk Condensing Company," which were of a very satisfactory character. The whole process, from the delivery of the milk by the dairymen, until it was prepared in its condensed form to be delivered to consumers, was exhibited to them. The integrity of the parties, the scrupulous care with which the milk is received, the cleanliness and sweetness of every vessel through which it passes, are guarantees to the public for its good qualities. It is recommended to the profession and the community for the following reasons:—

1st. It is procured from healthy cows, that are not fed with slops from the distilleries, and are not kept, during any part of the year, in dark, close, and dirty barns.

2d. The process in no way deteriorates the quality of the milk, and its bulk is diminished, making its transportation easy.

3d. It is of uniform strength, requiring three parts of pure water to one part of condensed milk to bring it to the standard of good fresh milk. There is no drug or chemical used or mixed with it.

And, lastly, it can be kept for a much longer time, at any season of the year, from becoming sour, if proper care is taken.

It is the pecuniary interest of the company to use good milk for condensing, and none other; this furnishes an additional guard over the purity of the article.

In consideration of these facts, it is especially adapted to the nourishment of infants who are deprived of a mother's care, or of good milk; if it supplies no other want, it will confer an unlimited blessing on this dependent class of human beings.

The following letter from Prof. Johnson to Dr. H., will be read with interest by all, and needs no comment:—

Dr. Hamill—*Dear Sir:*—I received from Mr. Hinckley a specimen of the milk, condensed at Elgin in our presence, and have subjected it to an examination, for the purpose of ascertaining what changes have taken place in its constitution. I

added to one part of the "condensed milk" three parts of water, mixing well. The sp. grav. was then 1030, water being 1000. The casein did not differ, so far as I could judge, from that of good uncondensed milk. The amount of cream was *within* the range of good new milk. The corpuscles, as seen under the microscope, to a *very limited* extent, were broken, and in size, were somewhat more variable than those of good uncondensed milk, the effect, I presume, of the mechanical agitation during the process of condensation. The taste of the milk, after condensation and dilution, as compared with specimens of the same milk before condensation, was somewhat richer, giving the impression of more cream, due, I think, to the rupture, as previously stated, of the envelopes of some of the corpuscles. This, while it gives a richer taste, in no way impairs the quality of the milk. I used in my examination, as a standard of comparison, the new milk from my own cow, a healthy animal, yielding, as we think, milk of an excellent quality. This process in no way injures the quality of the milk, while it diminishes the bulk for transportation; is clean; is not likely to be adulterated, and may be kept without change for a much greater length of time. I take pleasure in saying that, in my judgment, the public may rely upon it implicitly, and I trust that the gentlemen interested may find sufficient encouragement to induce them to continue its preparation.

In conclusion, I beg leave to suggest, that, as in all milk adulterated, whether with water alone, or with water and an admixture of other ingredients, the cream is invariably diminished in relation to its bulk or quality, that the galactometer may be advantageously resorted to as a means of examination in cases of suspected falsification. This instrument consists of two glass tubes, of considerable size, connected by a smaller tube. This latter has a graduated scale attached. The instrument is filled with milk up to the small tube, a portion of acetic acid is added; the two well shaken together for a minute or two, when the butter, liberated by the acid, rises to the surface and fills the smaller tube. If gently warmed it will become limpid, and the amount will be indicated by the graduation of

the smaller tube. If it be desirable to determine the proportion of cream to the whole amount of milk, the capacity of the instrument and the value of the divisions on the scale should be determined. If, for instance, the capacity of the larger tube be five times that of the smaller, and the tube be divided into ten equal parts, it would be easy to determine, within a very small fraction, the relative proportions of cream in the milk with which the instrument is charged.

This process does not give, it is true, a scientific analysis of milk, but indicating, as it does, the amount of cream, its results are sufficient for all practical purposes.

Very truly, yours,

H. A. Johnson.

611 Wabash Avenue, December 28th, 1866.

Prof. Davis, after stating that he was decidedly opposed to the custom of recommending, by resolution in medical societies, wines and other preparations, either medicinal or alimentary, from the fact that the articles sold to the public were too often very inferior in quality to the specimens presented to the societies for examination, added that in this case, however, from the importance of the preparation, as an article of food especially for infants, and from the fact that there were many reasons why it would be for the interest of the manufacturers to furnish pure milk, he would offer the following resolution:

Resolved, That the great importance of having milk pure, uniform in quality, and capable of remaining sweet longer than that ordinarily distributed directly from the dairy, makes the condensed milk furnished by the Elgin Milk Condensing Company an article of great value to the community, and one which we freely recommend for general use, and especially for use in feeding children.

Unanimously adopted. Several members, who had observed the very favorable results from its use, not only in their own families, but also in the cases of their patients, spoke warmly in recommendation of this milk.

MILITARY TRACT ASSOCIATION.

The Association met in semi-annual session, at Galesburg, on Tuesday, 11th day of December, 1866, at the hall of the Christian Association, A. H. Thompson, M.D., President, in the chair.

The proceedings of the previous meeting were read and adopted, when the following physicians were presented for membership, and were elected:—Drs. Spalding, Hamilton, Phillips, Woodward, Burlingham, and H. M. Hurd, of Galesburg; Drs. Ewing, Webster, and Crawford, of Monmouth.

It was voted that Dr. McClanahan, of Mercer County, be elected an honorary member, with all the privileges of the Association.

Reading of essays being next in order, Dr. Crossley, of Princeton, read an article on Army Itch, or "Illinois Scratches," which elicited quite an animated discussion.

Dr. Woodward gave a history of the disease, as it prevailed among the soldiers during the late war; and also exhibited some animalculæ recently taken from a patient under his care. He considered the insect essentially different from the true acarus scabiei, but believed the disease amenable to the same treatment. The treatment used by him in the army was, iodide of arsenic internally, and ungt. hyd. oxid. nit. externally.

Dr. Nance believed the disease to be caused by animalculæ, and that the ungt. hyd. fortis, properly applied, was a certain cure.

Dr. Spalding recognized the disease as being identical with scabies; curable with the migt. sulphuris.

Dr. Holton believed the disease to be caused by animalculæ, but differing in the form of eruption produced by the acarus scabiei not infesting the spaces between the fingers and about the joints; both amenable to mercurial treatment; but the difficulty of effecting a cure in the army, was the inability to observe cleanliness, also the frequently depressed physical vigor of the patient.

Dr. Nance, of Kewanee, read an essay on the Endemic and Epidemic Diseases of Henry County, during 1866.

Dr. Holton, of Buda, read an interesting paper, entitled "Remarks on Different Subjects," being a detailed history of a variety of cases, of much interest, coming under his care during the past summer.

REPORT OF CASES, AND PRESENTATION OF MORBID SPECIMENS.

Dr. Woodward, of Galesburg, presented the calvaria of a boy, *æt.* 15, coming under his observation while in service in the army, who had been kicked by a horse over the right supra-orbital region four years prior; portions of the frontal bone having been removed by a physician in Madison, Wisconsin, the patient suffering with epilepsy. The peculiar features in the case were, that the convulsions could be produced at any time by pressure upon the cicatrix, and continued as long as the pressure was maintained; and, that during the eighty hours prior to his death, he had two hundred distinct convulsions.

Dr. Nance, of Kewanee, presented a specimen of renal calculus, of the mulberry variety, with a history of the case.

Dr. H. S. Hurd, of Galesburg, reported an exceedingly interesting case of aneurism of the innominate artery, and right sub-clavian.

Dr. Scott, of Kewanee, reported a case of anchylosis and caries of the right elbow-joint, occurring in a boy *æt.* 13, of scrofulous habit; after inflammation of the synovial membrane and cartilages of the joint. When the case came under the Doctor's care, it was of several months' duration. Amputation resulted in recovery. The morbid specimen was exhibited to the Association.

Dr. Holton, Chairman of the Committee of Resolutions, in respect to Prof. Brainard, deceased, reported:—

Resolved, That, on account of a dispensation of Providence in removing our brother, Prof. D. Brainard, from our midst, we recognize the hand of Him who is the author of our being, and we desire to say, His will be done.

Resolved, That our brother had acquired the reputation of being among the first as a teacher, and as an operator in surgery; and that his character and position for usefulness was world-wide; therefore, we deplore his loss as irreparable.

Resolved, That in his life we see encouragement to persevere in our efforts to arrive at a position of distinction, and to improve our ability to alleviate the sufferings of humanity; and we regard him as a worthy example for the profession.

Resolved, That we sincerely condole with the remaining members of the family.

[Signed] N. HOLTON, M.D., JOHN EWING, M.D., H. S. HURD, M.D., } Committee.

Moved, by Dr. Holton, and carried, that a committee of five be appointed, to report on surgery, practice, obstetrics, materia medica, and therapeutics.

The Chair reported the following gentlemen on said committees:—

Surgery—Drs. Hamilton and Spalding, of Knox; Crossley, of Bureau; Secord, of Henry; Webster, of Warren.

Practice—Drs. Latimer, of Bureau; Hume, of Henry; H. S. Hurd, of Knox; Crawford, of Warren; Boardman, of Stark.

Obstetrics—Drs. Nance, of Henry; Holton, of Bureau; Webster, of Warren; Morse and Woodward, of Knox.

Materia Medica and Therapeutics—Drs. Ewing, of Warren; Smiley, of Henry; H. M. Hurd, of Knox; Clark, of Henry; Breed, of Bureau.

Moved, by Dr. Nance, and carried, that the President shall notify the committees one month before the meeting of the Association.

The President appointed Drs. Burlingham, of Knox, and Webster, of Warren, on special essays.

Moved, by Dr. Holton, and carried, that the President and Secretary be a committee on publication.

Moved, by Dr. Crossley, and carried, that a vote of thanks be returned to the members of the profession in Galesburg, for their courtesy; also to the Christian Association, for the use of their hall.

Moved, by Dr. Spalding, and carried, that we adjourn, to meet at 10 o'clock A.M., on the second Tuesday in May, 1867, at Monmouth.

A. H. THOMPSON, *Pres't.*

GEO. H. SCOTT, *Sec'y.*

PROCEEDINGS OF THE ESCULAPIAN SOCIETY OF THE WABASH VALLEY.

The Esculapian Society of the Wabash Valley met in annual session, at Kansas, Ill., October 31, 1866, at 2 P.M.

The Society was called to order by the President, Dr. JOHN TEN BROOK, of Paris.

The minutes of the last meeting being read and approved, the roll was called, and the following members, present, answered to their names:

Drs. John Ten Brook, Paris; James Steele, Grandview; W. M. Chambers, Charleston; O. Q. Herrick, John Mills, and Geo. Ringland, Kansas; Wm. Massie, Grandview; D. C. Jones, H. W. Davis, R. L. Walston, S. J. Young, S. B. Ten Brook, and A. J. Miller, Paris; G. W. Albin, Neoga; and J. Van. Dyke, Ashmore.

Dr. Massie, Chairman of the Committee on Indigenous Botany, read a very interesting report on that subject. On motion, the report was referred to the Committee on Publication.

On motion, the Society went into an election of officers for the ensuing year, which resulted as follows:—

For President—Dr. O. Q. HERRICK.
For Vice-President—Dr. WM. MASSIE.
For Secretary—Dr. S. J. YOUNG.
For Treasurer—Dr. R. L. WALSTON.

Dr. Chambers arose, and, addressing the Chair, delivered a brief eulogy upon the distinguished and lamented Prof. Brainard, and offered the following resolution:

Resolved, That a committee of three be appointed by the Chair, to draft suitable resolutions, expressive of the love and admiration we bear for the memory of this distinguished man, and report at the morning session.

The following gentlemen comprised the committee:—Drs. W. M. Chambers, H. W. Davis, and O. Q. Herrick.

The Society adjourned to meet at 9 o'clock A.M.

In the evening, the Society assembled at the Methodist Church, to listen to the annual address, delivered by Dr. R. L. Walston. The address gave evidence of careful research in its preparation, and was well received.

Nov. 1st, 1866.—The Society was called to order by the President, Dr. O. Q. Herrick.

Minutes read and approved, and roll called.

Dr. R. L. Walston, by request, read a paper on typhoid fever, which was thoroughly discussed and referred to the Committee on Publication.

The committee (through their chairman) appointed to draft resolutions expressive of the sorrow of this Society for the death of Prof. Brainard, reported as follows:—

Whereas, The All-Wise Dispenser of Events has removed from his labors Prof. Daniel Brainard, thereby depriving our noble profession of one among its brightest ornaments, therefore,

Resolved, That, in his death, we recognize the hand of God, and bow in humble submission to his will; but, at the same time, we cannot but feel that a great light has gone out, because we esteem him as among the greatest intellects in our profession. His unsurpassed originality of thought enabled him to grasp the most intricate subjects; and his clear and convincing manner of explaining his views to his class, made him among the most useful of men.

Resolved, That, in consideration of the distinguished worth and ability of Prof. Brainard, the great teacher, we, his colaborers, desirous of manifesting our appreciation of his life and services, assist in the erection of a suitable monument to his memory.

On motion, the above report was referred to the Committee on Publication, with directions that they be requested to ask its insertion in the Chicago medical journals, *Cincinnati Lancet & Observer*, and the *Medical & Surgical Reporter*, Philadelphia.

The following preamble and resolution, offered by Dr. Chambers, were unanimously adopted:

Whereas, The Esculapian Society ranks as the oldest medical society in the State, extending over a large portion of it, and numbering among its members many prominent men of the profession who feel a lively interest in its prosperity, have concluded that, inasmuch as they contribute large numbers of students to the medical colleges of the State, it would not be

presuming too much to make a recommendation for one of the Chairs made vacant by the death of the lamented Brainard. Therefore,

Resolved, That, in view of the fact, and the eminent qualification and fitness for such a position, we recommend the appointment of Henry W. Davis, M.D., of Paris, Illinois, to the Chair of Surgical Anatomy in Rush Medical College.

On motion, the fee bill adopted, and in use, by the Edgar Co. Medical Association, be, and is hereby adpoted by this Society.

The following gentlemen were appointed delegates to the State Medical Society:—Drs. James Steele, H. W. Davis, W. E. Morris, Geo. Ringland, Massie, Bridges, and Young.

To the National Association:—Drs. John Ten Brook, Massie, Herrick, Miller, Ringland, Young, Todd, Morris, Davis, S. B. Ten Brook, and Newell.

On motion, it was understood that the semi-annual meeting of this Society be held in Mattoon, beginning on the last Wednesday in May, 1867.

Standing committees were appointed.

Dr. H. W. Davis was appointed to deliver the public address.

After the usual votes of thanks for the use of the hall for our meeting, and especially for the generous reception we had met with at the hands of physicians and citizens, the Society adjourned.

S. J. YOUNG, *Secretary.*

MORGAN COUNTY MEDICAL SOCIETY.

Thursday, December 11th, 11 o'clock, A.M. Society met pursuant to adjournment.

Dr. Wagely was elected to preside, in the absence of the President and Vice-President.

The Secretary read the minutes of the last meeting, which were adopted.

The President called for the report of committees.

Committee on examination of credentials reported unani-

mously in favor of Dr. Dutton for membership, who was immediately elected by unanimous vote.

Dr. Prince exhibited several varieties of instruments for producing spray for medication of the air-passages, and for deadening the sensibilities of parts in order to lessen or prevent the pain attendant upon surgical or dental operations. He went briefly into a history of the introduction of the method of inhaling medical substances blown off in spray, as first practiced in France and Germany, and then explained the instrument invented by Dr. Richardson, of London, for the production of insensibility of parts by blowing upon them a spray of ether or rhigoline, which is capable of freezing in a few seconds by the tendency of rapid evaporation to produce cold. He exhibited an ingenious modification of the apparatus devised by Dr. Black for the purpose of shielding the lips and tongue from the spray while it is being blown upon the gums preparatory to extracting teeth.

Dr. Prince referred to cases in which union by the first intention had occured under unfavorable circumstances after the application of the spray of ether to the cut surfaces. He thought this result was secured by the speedy arrest of the flow of blood from the minute vessels under the influence of cold.

Dr. Edgar confirmed this view, by selecting cases occuring in connection with the battles at Vicksburg, in which union by the first intention had been secured by the application of ice to the wounds immediately after the amputation and before the final dressing.

Dr. Black made some remarks explanatory of his employment of the spray in extracting teeth, thinking the instrument a valuable means of lessening or destroying sensibility. In some cases he had found patients unable to bear the sudden reduction of the temperature on account of the exposed and irritable condition of the nerve of the tooth. In some of these cases he had succeeded in employing the spray by first covering the tooth with wax.

On motion it was resolved that the thanks of the Society be tendered Dr. Black for his valuable contribution to dental surgery.

The subject of local anæsthesia being under consideration, Dr. Edgar related a case of anchylosis of the elbow-joint of a young lady, treated with chloroform and olive oil to the joint, enclosed in oil silk to prevent evaporation, by which means all sensation was removed, the adhesions were broken up and the joint restored.

Society adjourned to meet at 2 P.M.

At 2 o'clock P.M., the Society met. The Vice-President in the chair.

Dr. Warriner presented samples of his purified castor oil to the society for inspection and trial.

The Vice-President reported a novel and interesting case of menstruation and escape of liquoramnii during eight months of pregnancy.

Dr. Wagely moved the subject of puerperal fever be taken up.

Dr. Prince apologized for the delay of his paper on that subject, and promised it should be forthcoming at the next meeting.

Dr. Edgar called attention to the liability of error in practice from failure to diagnose correctly the pathological condition in each case of puerperal fever, *i.e.*, whether dependent on a true toxæmia, or on metritis, phlebitis, peritonitis or metroperitonitis. That the toxæmic condition being attended with an asthenic grade a fever indicated a supporting treatment while the purely inflammatory cases might be better treated by early free depletion and full exhibition of anodynes.

The further consideration of the subject was postponed until the next meeting.

On motion the Society adjourned to meet on the second Thursday of January, 1867, at 1 o'clock P.M.

R. E. McVEY, M.D., *Pres't.*

C. T. WILBUR, M.D., *Sec'y.*

SELECTED ARTICLES.

Hysterical Mania, caused by Irritation of Spicula of Bone. —At a recent meeting of the N. Y. Pathological Society, Dr. Sayre presented a portion of the calvarium and dura mater, removed by *post mortem* section from a lady twenty-five years of age, whom he had seen in consultation with Drs. Bloodgood and Brown-Séquard. He gave his testimony as follows: The patient, who was the mother of four children, had always enjoyed good health until her last sickness, and belonged to a healthy family. I first saw her on Sunday, June 3, she having on the Wednesday previous wakened out of a sound sleep with a most violent screaming delirium. Narcotics had been given her to make her tranquil, but nothing but choroform had been of any avail. If the administration of the anæsthetic was not kept up she would arouse herself, and shriek to the top of her voice, seemingly furious over a pain in the top of her head and left temple. There had been no excitement of the pulse during all this time, and her skin seemed to be natural; there was no coating on her tongue. Her bowels were regular, and her kidneys had acted well until that day (June 3), when a catheter was called into requsition. This instrument had afterwards to be constantly used until her death. A careful examination of the urine disclosed nothing abnormal. Finding no cause for the difficulty, I pronounced the case one of hysteria. An injection of ten drops of Magendie's solution was given, and the result was, that in five or ten minutes she was asleep. Being out of town at the time, the patient felt so much better, that the following morning she came to the city. In a few hours after her arrival she had another attack, and I was immediately sent for. I found her in the most violent contortinos, seemingly wild with the pain in her head, and shrieking so as to alarm the neighborhood. When you spoke sharply to her you could control her to some extent for a time, but any moment she would "go off" into the most violent contortions of her body, and scream as before. Dr. Brown-Séquard then saw the case with me, and pronounced it one of hysterical mania. The frequency and severity of the spasms seemed to increase upon her for two or three days, when I observed that she was reckless in regard to her striking out; and finding that she had bruised herself seriously in consequence, I began to suspect that there was not so much of an hysterical element in the disease as had at first been supposed. We found that nothing afforded her even temporary relief, except chloroform by inhalation. She inhaled

eight pounds of the anæsthetic from the 3d to the 16th of June, during most of which time it had been incessantly administered to her. Dr. Bulkley saw her in consultation, and he continued to visit her twice a day until she died. Her stomach could not retain anything fluid, or solid, and after a while she persisted in refraining from all nourishment. She had a tendency to lie upon her face, with her head buried in the pillow, her legs being kept in a perpetual and violent motion. Notwithstanding this severe tax upon her vital powers, she did not seem to waste away any, and her muscles were possessed of their usual hardness, and her body of its customary plumpness. After a time the urine, which was by the way copious enough, began to give forth a most sickening odor, and finally became so intolerable that at the time it was drawn off the other occupants of the room would actually be driven out. This strange and disagreeable odor we were disposed to refer to the large quantity of chloroform inhaled. Her menstruation came on about the 9th instant, and continued to be normal until the 14th, when it ceased. On the latter day there was noticed a marked weakness in one of the lower extremities, and on the day following this amounted to complete paralysis. The succeeding day the other leg became similarly affected, and that evening she died.

Autopsy.—The genital organs were perfectly normal. The abdomen was perfectly healthy, although the cavity of the peritoneum was entirely dry. The intestines were healthy, and the kidneys normal; but the liver was considerably enlarged, was of an ochrey color, and so friable that it fell to pieces in the attempt to remove it. The heart and lungs were healthy. On opening the brain there was a good deal of congestion; there was, however, no apoplectic effusion, and the brain itself was very much more than ordinarily firm. On the left side of the dura mater there was quite a sharpened projection of bone, about a quarter of an inch in length, and also a similar piece in the situation of the falx cerebri, as well as smaller and more rounded pieces from other portions of the membrane. The first spiculum discovered was, on the point projecting against the brain, as sharp as a needle. This was all that could be discovered about her. I am disposed to think that the irritation caused by these spicula gave rise to the patient's disease. I am as confident as I can be that she suffered from great pain in these situations, as she would constantly point with her fingers to these two spots, on the top and side of her head, and entreat us in the wildest sort of desperation to "bore a hole" there, and relieve her.

Dr. Rogers stated that it was not uncommon to find acute softening of the liver in cases that proved rapidly fatal. He suggested that the chloroform might have had something to do in bringing about this result.

Dr. Hamilton thought that there might be a possibility that the true cause of the trouble was not found after all, as it was very natural at first sight to refer such symptoms to a piece of projecting bone, when in reality the deposit might have had little or nothing to do with it.

Dr. Sayre remarked that the patient, for some months previous to death, had been subject to melancholia; had anticipated death with such certainty that she could not be persuaded out of it, and had gone to the trouble of having a number of photographs taken for such of her friends as she wished to be remembered by. He was of the opinion that the portions of bone which projected into the cavity of the cranium, were at the time not large enough to produce any other brain symptoms, but that afterwards growing more rapidly, violent convulsive actions resulted.

Dr. Post did not think that the projections were large enough to injure the brain by pressure, but believed that the friction of the organ against the sharp points gave rise to the irritation.

Treatment of Chronic Metritis.—Remarks by Prof. Baker before the New York Academy of Medicine:—

Dr. Bennett is entitled to the merit of being the first English author, who in a sound, pathological manner, called the attention of the profession to the existence of this disease. Since then other writers have presented their views on this subject, but they were nearly a reproduction of the views of Bennett. The treatment which Bennett regarded as most successful, was the establishment of an issue on the cervix uteri, for the purpose of draining off the inflammatory exudative deposit which had taken place in the body of the uterus; and modifying the increased inflammatory action which each menstrual period produced. His favorite agents were the potassa cum calce, or potassa fusa, for producing a permanent issue in the cervix. In relation to both of these measures, he himself had not the confidence with which they seemed to be generally regarded. Fifteen or twenty years ago, he was in the habit of constantly and frequently resorting to depletion, either by leeches, or direct scarification of the cervix uteri. While he agreed with Dr. Peaslee that there is a marked reduction of the symptoms, if nota palliation, especially if practised just before the menstrual

period; yet he has found there was no real permanent good, but, after successive operations, the patients, instead of getting ahead, were retrograding. He believed also, that in the large majority of these cases of chronic engorgement, or inflammation, the patient is in a condition of anæmia. This is true in almost all cases. The depletion is not directly to the organ, but to the cervix uteri, and whether the amount of liquor sanguinis of the body of the uterus becomes decreased thereby, seems, I think, very doubtful. He had satisfied himself that patients are injured by this method of treatment. There are conditions when he used leeches, but chronic metritis is not one of these conditions. In relation to the constitutional treatment, he would not enter into a full discussion.

"In regard to the regimen and hygienic measures, which are important and necessary, he agreed with Dr. Peaslee fully. In relation to mercurials, he agreed with both him and Dr. Budd. Instead of the bichloride, he was in the habit of using the protoiodide of mercury, in two-grain doses, combined with the sulphate of iron, and with a small quantity of opium, or some of its preparations, both to allay nervous irritation, and check any tendency of the protoiodide to irritate. But there are two methods of treatment to which he wished especially to call attention, and which had seemed, in his practice, of great value. One is the use of large injections of hot water into the pelvic cavity. This is especially for that form of chronic metritis associated with induration; and associated ordinarily with dysmenorrhœa, sometimes amenorrhœa, or menorrhagia. The effect of the long-continued application of hot water on the tissues can be easily ascertained, and is perfectly familiar to almost every person present, and can be shown by holding the hand in it for any length of time. It has the effect of liquifying, so to speak, the plastic exudation, and producing absorption and resolution. It is now four or five years since he had been accustomed to using it in this special form of chronic metritis. A very large quantity should be used each time; the patient should be placed on the bed, in precisely the forceps position; an India rubber sheet is placed under her; a sheet is placed over her, so that there is not the slightest exposure. Under this rubber sheet a pail of water is placed, at a temperature as high as the patient will tolerate. The patients will bear a degree of temperature much hotter when injected into the vagina than they can bear by immersion of the hand. A Davidson's injecting syringe, one end of the tube dropping into the pail of water, the other in the vagina, injects the water into

the vagina, which runs directly back into the pail. There is no need of wetting the clothes. You can add hot water as it is necessary.

"The patient must be shown how to make the application in this way. Several gallons of water are injected at a time, and the injection continued fifteen or twenty minutes. As regards the success of this treatment, he had arrived at results with it more satisfactory than from any other mode of treatment. Those who would try this should particularly notice the extraordinary change the tissue undergoes in the whole vaginal wall after the water has been introduced for a long time. Some may have used this for the induction of premature labor. The change which is immediately produced in the tissues is astonishing. In that form of chronic metritis associated with amenorrhœa, and especially dymenorrhœa, be restored to this treatment daily for four or five days previous to the appearance of each menstrual period; and often at the very first period succeeding its use, great relief is experienced. It is accompied with great modification of dysmenorrhœal pains, and great increas of the menstual dischange. In this way we have a normal, natural method of directly depleting the organ, which favor-resolution and absorption of the antecedent inflammatory des posit."

Ethereal Pyrotechnics.—A correspondent of the *London Lancet*, October 27, relates the following:—

"A gentleman calling to have a tooth extracted, I proceeded in the usual way. Having applied a small piece of cotton-wadding over the tongue, with the view of protecting it from the fluid which I was about to direct upon the upper jaw, I commenced business. I should say that in *every* preceding instance I have used a candle, to throw a better light into the mouth. This is held by the assistant not nearer than half a yard from the seat of operation. In this case it was done also. And now comes the terrible scene. I had scarcely used the ether (pure rectified) for twenty seconds when suddenly a volume of flame rushed from the patient's mouth, enveloping the three of us for a single instant. It was soon over that the patient had not time to rise from his seat, and the assistant and myself remained in our former positions. There was no explosion; all was quiet. After regarding each other for a few moments, I ventured to inquire of the patient how he felt. I was happy to see a smile, rather ghastly nevertheless, illumine his pale countenance; but his only answer was, "What a wonderful occurrence!"

There was no smell of scorching; the only injury sustained being a slight singeing of the more prominent hairs of his moustache. The assistant and myself were untouched. This was certainly an unexpected and terrible occurrence, though fortunately unattended by any untoward result. The patient's complexion was of a healthy, ruddy color on sitting down for operation; but this soon gave place to a ghost-like pallor; and when I beheld the flames gushing forth from the mouth, I almost believed it was a veritable fire-demon sitting before me. He certainly did not look ethereal. The only unpleasant feeling he experienced was a sense of constriction round his neck. He is nothing the worse for it; in fact, better as he has not felt a twinge of toothache since.

"Now, sir, cases like these are not to be made *light* of. The cause of the mischief might be attributed to the candle. If so, then why did the same effects not ensue in preceding instances, as the same precautions were adopted? I should esteem it a favor to be informed if any rules are laid down for operating in gas-light, as till then I shall be obliged to desist."

[This reminds us of a case which occurred a few years since in Kentucky, and which was described to us by the practitioner in attendance. A patient was suffering severely from colic and intestinal obstruction. Ordinary remedies proving of no avail, the practitioner admistered an enema, which contained sulphuric ether. Feeling that he was about to have an evacuation, and there being no other convenience at hand, the patient rushed for the stone hearth in front of an old fashioned fireplace, in which a huge fire was blazing. An enormous discharge of wind was the first to escape, and from the patient's proximity to the fire a pyrotechnic display resulted, which utterly astounded both physician and patient, the hasty retreat of the latter across the room, leaving, like a meteor, a dazzling train behind! Like the case above related, "the patient felt none the worse for it; in fact better," and of his colic he was entirely relieved.]—*Cincinnati Journal of Medicine.*

Hypodermic Treatment of Diseases.—Prof. Gibbons, of San Francisco, remarks: "In the choice of a syringe, the simplest construction is the best. I have found that those made of gutta percha, with the canula fitting on without screwing, are least liable to get out of order or broken. It is not safe to depend on the graduation marked on the syringe; in some of the instruments the divisions do not correspond to halves and quarters of drachms. Every operator should carefully test his own syringe in this respect.

"The pain is trifling in general, if the operation be dexterously performed. The skin should be sharply pinched, as well to cover the prick of the instrument as to secure the hold. To have the fold of skin slip from the fingers is awkward. If the surface be greasy or sweaty a fold of rag should be interposed. These are small matters, but they are worthy of attention. The liquid should not be too rapidly injected, else the cells of the subcutaneous tissue are torn. It is well to avoid the veins. The instrument may be withdrawn by a sudden jerk, and the finger pressed on the spot for a moment. This is scarcely necessary, however, as I have never seen the liquid escape from the orifice after being injected. There is no need of rubbing the part with the finger, as some propose, to diffuse the injected liquid and promote its absorption; and the idea of always injecting it downward to prevent it from gravitating out of the puncture is sheer nonsense.

"In some parts of the body the puncture is less painful than in others. The dorsal surfaces of the arm and forearm are not very sensitive, and present very convenient sites for the application. I am partial to the region about the insertion of the deltoid muscle. The outside of the thigh, the calf of the leg, and the region of the spine admit of the operation without much pain. The skin of the chest and abdomen is very tough, and patients also complain much of pain from the puncture in this region. The operation is painful, and sometimes followed by inflammation, on the hands and feet, and these parts should be avoided. I have seen no evil results from puncture of the scalp or behind the ears in neuralgia affecting those regions. Where, however, the skin is bound down closely to the bone beneath, the quantity of fluid injected should not be large, and it should be introduced very slowly to avoid painful distension. In emaciated subjects the skin becomes very thin and as tough as leather, rendering it difficult of penetration. This fact should be kept in view, in order to avoid failure in the first attempt; for it is important always to make sure of introducing the instruments through the skin at once, by a sudden plunge. Otherwise, unnecessary pain is produced, and the patient may refuse again to submit to the operation. Large-sized cannula gives much more pain than a small one. In general, when complaint is made the puncture is alone complained of. But sometimes the distention produced by the liquid is painful, especially if it be suddenly injected, or if the quantity be large. In very sensitives subjects it is well to warm the liquid."

EDITORIAL.

BOOK NOTICES.

The Principles and Practice of Medicine. By Austin Flint, M.D., Professor of the Principles and Practice of Medicine in the Bellevue Hospital Medical College, and in the Long Island College Hospital; etc., etc. Second edition, revised and enlarged. H. C. Lea, Philadelphia. 1867.

The success of the first edition of this excellent text-book has established its reputation. Anxious to improve its quality, the author tells us, in his preface to the second edition, that "the portion treating of pyæmia has been rewritten; three affections, omitted in the first edition, have been introduced, *viz.*:—pertussis, general cerebral paralysis, and polyuria; epidemic cholera has been considered at greater length; the thermometric phenomena of disease have received fuller consideration, and, in connection with many affections, there has been added new matter, much of which relates to special therapeutics."

For sale by W. B. Keen, 148 Lake St., Chicago.

Notes on Epidemics: For the Use of the Public. By F. E. Anstie, M.D., F.R..CP. Philadelphia: Lippincott & Co. 1866. pp. 95.

This is an expansion of an article by Dr. Anstie which originally appeared in the *British Quarterly Review.* It was designed to furnish "information which may assist the non-medical public to do their part in the work of preventing" those epidemic diseases which are the scourge of our cities. The little volume deserves a wide circulation.

For sale by S. C. Griggs & Co., 41 Lake Street.

A Manual of Auscultation and Percussion. By Barth and Roger. Translated from the sixth French edition. Philadelphia: Lindsay & Blakiston. 1866.

One of the most convenient little hand-books for students that we have seen. It will well repay careful study.

For sale by W. B. Keen & Co., 148 Lake Street, Chicago.

BOOKS AND PAMPHLETS RECEIVED.

Opinion Relative to the Testamentary Capacity of the late James C. Johnston. By Wm. A. Hammond, M.D., etc.

Transactions of the Medical Society of the State of Pennsylvania, at its Seventeenth Annual Session.

Report on the Sanitary Relations of the State of Kansas. By C. A. Logan, M.D.

Report on the Climatology of Kansas. By Tiffin Sinks, M.D. A valuable contribution to our meteorological records.

Infantile Paralysis and its Attendant Deformities. By Charles F. Taylor, M.D. Philadelphia: J. B. Lippincott & Co. pp. 119.

For sale by S. C. Griggs & Co., 41 Lake St., Chicago.

The Message and Documents, for 1865–6. From J. H. Baxter, Surgeon, U.S. Vols., Washington D.C.

We have received the annual report of the Surgeon-General of the U.S. Army, for the year ending July 1st, 1866—a concise and interesting pamphlet of eight pages. After mentioning the fact of the reduction of the army to a peace footing, the author says:—

The comfort and proper medical treatment of the sick and wounded are now secured in well arranged Post Hospitals, of which there are at present one hundred and eighty-seven (187) with a total capacity of ten thousand eight hundred and eighty-one (10,881) beds. All perishable articles of medicines and hospital supplies in excess of the requirements of a peace establishment have been disposed of by public sale at advantageous rates, and the reserved supplies concentrated at the Purveying Depots in New York, Philadelphia, Washington, St. Louis, New Orleans, and San Francisco.

Great progress has been made in furnishing artificial limbs to maimed soldiers:—

From date of Act of Congress, (July 16, 1862,) authorizing artificial limbs to be furnished ,to July 1, 1866, there have bend supplied by this Department, to maimed soldiers, three thousand nine-hundred and eighty-one (3,981) legs; two thousand two hundred and forty (2,240) arms; nine (9) feet; fifty-five (55) hands; one hundred and twenty-five (125) surgical apparatus, and it is estimated that not more than one thousand (1,000) limbs remain still to be supplied at a cost probably of seventy thousand dollars ($70,000). Should the appropriations for this purpose be continued it is recommended that upon furnishing the evidence now required to obtain an artificial limb, the applicant receive, from a Medical Disbursing Officer, under such regulations as may be prescribed by the Secretary of War, its present established money value in lieu of an order upon a manufacturer. Such an arrangement would include those cases in which from the nature of the injury and operation, no limb or (surgical) appliance can be advantageously adopted, by extending to them the same allowance now made to their more fortunate fellow-sufferers.

We are informed that:—

The average mean strength of white troops for the year as reported, was one hundred thousand one hundred and thirty-three (100,133), and the proportion of deaths, from all causes, to cases treated was one to every fifty-two.

The report of colored troops represents the average mean strength for the same period as fifty-three thousand five hundred and forty-one (53,541), among whom the proportion of cases taken sick was greater than with the white troops, and the mortality rate, one death to every twenty-nine cases treated.

There were remaining in General Hospitals, June 30, 1865, and admitted during the year, sixty-four thousand four hundred and thirty-eight (64,438) patients, of whom, on the 30th June, 1866, only ninety-seven (97) remained under treatment.

We are glad to learn that:—

The preparation for publication of the Medical and Surgical History of the War has been prosecuted with energy, much of the manuscript and several of the illustrations for the first volume being completed. The Army Medical Museum continues to increase in value and usefulness, and the greater security and additional accommodations of the building to which it will be shortly removed admits of the addition of a great number of interesting and instructive specimens not hitherto available for want of space.

The number of casualties from the commencement of the war to July 1st, 1866, in the Regular and Volunteer Medical Staff, was three hundred and thirty-six, *viz.*:—

Killed in battle, twenty-nine (29); killed by accident, twelve (12); died of wounds, ten (10); died in rebel prison, four (4); died of yellow fever, seven (7); died of Cholera, three (3); died of other diseases, two hundred and seventy-one (271); making a total of three hundred and thirty-six (336).

During the war thirty-five (35) Medical Officers were wounded in battle.

That the Medical Department of the Army will be adequately represented in the great Paris Exposition, is rendered certain by the following paragraph:—

The improvements in Hospital construction and equipment, in surgical appliances, in means of transportation of sick and wounded, etc., resulting from the vast experience of the War, are considered worthy of exhibition as an evidence of National progress, and with this view, models of U. S. General Hospitals, with their equipment, of ambulances, litters, medicine wagons, etc., have been prepared, and will be forwarded through the proper channels as the contribution of the Medical Department, U. S. A., to the Paris Exposition.

To the report is appended a statement of the quantity of of medical supplies issued during the war, from the purveying depots at New York City, Philadelphia, Baltimore, Washington, Cincinnati, Louisville, and St. Louis. The figures are simply enormous. We give a few specimens, regretting that our space will not permit the reprint of the whole list as a contribution to the curiosities of medical literature. The quantity of ether was not large, only 987,687 oz. were issued. Chloroform seems to have been the favorite anæsthetic, 1,588,066 oz. having been consumed. The spirits of nitric ether was in great demand, no less than 1,688,943 oz. having been required. Aconite was the favorite arterial sedative, if we may judge from the fact that 202,842 oz. of its fluid extract were consumed, against 48,759 oz. of the fluid extract of veratrum viride. Sulphate of magnesia found favor to the extent of 537,712 lbs. But this was by no means the *royal cathartic:* defecation was procured by the action of 84,767 oz. of aloes,

127,027 oz. of calomel, 313,647 oz. of blue mass, 220,076 qts. of castor-oil, 28,486 oz. of croton oil, 141,875 oz. of rhubarb, and 655,982 dozen of compound cathartic pills. The consumption of opium and its various compounds was correspondingly great, *e.g.*:—448,864 oz. of opium, and 901,467 oz. of its tincture. Of quinine, 723,521 oz. were used. These are magnificent items, but it is only when one approaches the subject of alcoholic stimulants, that the exigencies of the occasion become fully apparent. 590,604 quarts of alcohol, 562,221 quarts of brandy, 913,729 quarts of wine, 1,113,690 quarts of porter, and 2,420,785 quarts of whiskey barely sufficed to sustain the fainting energies of our sick and wounded heroes. No wonder that Mosby, and Morgan, and Forrest were so eager to intercept our hospital trains!

Several of the items look queerly out of place in a list of army stores; for instance:—three hundred and fifteen obstetrical instrument cases, flanked by five hundred and thirty-seven copies of brother Bedford's Midwifery. Four hundred and twenty-six speculums, with seven hundred and thirty-seven vaginal syringes, were actively used during the war. When the volumes of the Army Medical Report are published, we shall hope to learn how often the operation for the relief of vesico-vaginal fistula was performed under fire, in Virginia. But these seem insignificant trifles when we turn to the masculine side of the question:—154,154 little syringes were ordered, for the comfort of the gentlemen who consumed 1,292,129 oz. of copaiba. Thus was the ancient reputation of Mars once more exalted, while the parturient pangs of Venus were gently urged with 22,471 oz. of ergot. Verily, it was the greatest war the century has seen.

The *Atlantic Monthly* enters on its nineteenth volume with an array of distinguished names and sterling articles that promise well for the coming year. The January number contains the first instalment of Dr. Holmes' story, "The Guardian Angel," in which will be found the same old charm that so fascinated the readers of the *Autocrat*, the *Professor*, and *Elsie*

Venner; a humorous story in verse, by James Russell Lowell; a graphic sketch of Henry Ward Beecher's church, with some pertinent reflections upon modern church-going, by James Parton; a legend in verse, told only as Whittier can tell it; a poem entitled "Terminus," (on Growing Old,) by R. W. Emerson; and a spirited translation of the contest between Achilles and Agamemnon, from the First Book of the Iliad, by W. C. Bryant.

We feel that we cannot confer upon our subscribers who are blessed with children a greater favor than by calling their attention to the new monthly, *The Riverside Magazine for Young People.* It is a double-columned quarto of 48 pages, illustrated with beautiful wood-cuts, and printed in that perfect style which has made the issues of the Riverside press so justly celebrated. The editorial department is in the hands of our old friend, Horace Scudder, an author whose reputation has already been established among the children, by a number of pleasing articles from his pen. The veteran writer of the *Rollo Books* has commenced a series of narratives, which will appear with every monthly issue; and, if we may venture to predict from the appearance of the first number, the new magazine will lead the way in the race of the juvenile monthlies. Hurd & Houghton, 459 Broome Street, New York, are the publishers. Price $2.50 a year, in advance.

We would refer our readers to the report on the milk of the Elgin Milk Condensing Company, as found in the proceedings of the Chicago Medical Society, page 23 of this journal.

The Dissecting Room of Rush Medical College will be open during the months of February, March, and April, under the direction of Drs. Powell and Lackey. Every facility will be afforded students for the study of practical anatomy.

Our thanks are due for the promptness with which our friends are sending in their subscriptions. With this number of the Journal we return receipts for all payments received before the 12th of January. We trust that with our February

issue we may be able to forward a receipt for 1867 to each one of our numerous readers.

Requests for back numbers or extra copies of the Journal should be forwarded by the middle of the month, in order to secure attention before the following month. Letters, however, which inclose postage stamps sufficient to prepay such matter as may be desired, will receive instant notice, and will receive a reply by the next post.

City Mortality.—The following is the report of the Health-Officer of the mortality of the City of Chicago for the month of December, 1866:

CAUSES OF DEATH.

Accidents,	4	Fever, Scarlet,	13
Asthma,	2	Fever, Typhoid,	4
Bronchitis,	1	Fever, Typhus,	1
Burned,	1	Fever, not stated,	1
Cancer,	2	Hydrocephelus,	7
Childbed,	2	Inflammation of Kidneys,	1
Cholera Infantum,	1	Inflammation of Bowels,	9
Consumption,	42	Inflammation of Lungs,	6
Convulsions,	35	Inflammation of Liver,	1
Croup,	7	Marasmus,	1
Cold,	2	Old Age,	15
Chicken Pox,	1	Palsy,	2
Congestion of Brain,	3	Pneumonia,	7
Congestion of Lungs,	2	Phthisis Pulmonalis,	1
Decline,	1	Spasms,	1
Delirium Tremens,	1	Spinal Meningitis,	1
Diarrhœa,	5	Suffocation,	2
Diphtheria,	15	Small Pox,	2
Disease of Heart,	8	Suicide,	1
Disease of Liver,	2	Stillborn,	10
Disease of Lungs,	7	Teething,	3
Disease of Brain,	6	Whooping-Cough,	17
Dropsy,	7	Gun-shot Wound,	1
Drowned,	2	White Swelling,	1
Erysipelas,	3	Unknown,	33
Fever, Childbed,	2		
Fever, Remittent,	4	Total,	309

Ages of the Deceased.—Under 5 years, 153; over 5 and under 10 years, 19; over 10 and under 20, 15; over 20 and under 30, 28; over 30 and under 40, 34; over 40 and under 50, 16; over 50 and under 60, 11; over 60 and under 70, 11; over 70 and under 80, 12; over 80 and under 90, 6; unknown, 4. Total, 309.

DIVISIONS OF THE CITY.

North,	75	South,	105	West, 129	Total, 309

Total number during the month of November, 382
Decrease from last month, 73
Total number last year for the month of December, 333

NATIVITIES.

Chicago,	128	England,	5	Sweden,	5
Other States,	63	Germany,	47	Scotland,	4
Belgium,	1	Ireland,	38	Wales,	1
Bohemia,	2	Norway,	6	Unknown,	6
Canada,	2	On the Sea,	1	Total,	309

MORTALITY OF THE YEAR.

The following is the accurate, and complete statement of the number of deaths in each division of the City during the year, and their ages. The figures published in the *Tribune*, January 1st, for the month of December, was an estimate made, and varied from the official by only six. The total of deaths for that month were 309, instead of 315.

MONTH.	NORTH DIV.	SOUTH DIV.	WEST DIV.	TOTAL.
January	74	115	104	293
February	55	94	111	260
March	62	94	98	224
April	65	99	114	278
May	78	78	114	275
June	94	88	131	321
July	190	196	315	706
August	252	297	386	940
September	150	260	324	734
October	311	351	503	1,170
November	73	137	172	382
December	75	105	129	309
Total	1,479	1,904	2,501	5,926

The following is the table of ages:

MONTHS.	Under Five.	Five to Twenty.	Twenty to Forty.	Forty to Fifty.	Fifty to Sixty.	Sixty to Eighty.	Over Eighty.	Unknown.
January	152	29	55	17	14	18	1	7
February	117	40	52	20	9	11	3	8
March	122	25	62	12	7	17	0	9
April	129	33	59	24	11	14	1	7
May	134	25	58	22	7	17	2	10
June	165	36	54	21	14	14	0	15
July	518	46	80	22	12	18	2	8
August	578	80	156	48	27	32	3	16
September	329	84	183	68	41	25	3	7
October	329	161	392	116	72	69	6	25
November	173	45	75	40	15	23	3	8
December	153	34	62	16	11	23	6	4
Total	2,899	638	1,288	426	240	281	30	124

ERRATA.

In the article on Consumption, by Dr. Tooker, published in our last issue, page 543, third line, read *diminished* instead of *increased;* and in the twenty-third line upon the same page, the word *heat* should be substituted for the word *blood.*

THE

CHICAGO MEDICAL JOURNAL.

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ORIGINAL CONTRIBUTIONS.

On Dislocations of the Shoulder, reduced by Manipulation. By D. G. RUSH, M.D., of Chicago.

Dislocations of the shoulder-joint being admitedly more frequent than luxations of all the other joints of the human frame, and, with one exception, most difficult to reduce, it is desirable that some means of reduction, safe and reliable, should be devised and taught. Such means, it is confidently believed, exists in the shoulder articulation itself; the surgeon needs only call them into requisition; the humerus can be made to serve as a powerful lever, and the ligaments to maintain a steady fulcrum at an eccentric point with the head of the humerus and the brim of the glenoid cavity.

I will briefly instance the modes now generally adopted before claiming the necessity of their being superseded by others. Systematic writers on surgery almost universally insist on the application of direct traction force, in reductions generally, either by manual or instrumental means. The first expedient being to pull forcibly at the arm in a line with the body, the surgeon's heel being pressed against the scapula in the axilla. This failing, as it not unfrequently will, more especially in cases where the neck of the humerus is tightly embraced by the rent

edges in the capsular ligament; powerful force is applied to the limb whilst it is carried in various directions; first at a right angle with the body, then vertically, with the arm brought to the side of the patient's head, as originally taught, many years ago, by Dr. White.

All these efforts failing, for they have, and may continue to fail, at the hands of skillful surgeons, the same line of procedure is prosecuted with increased heroism, and the pulleys are now substituted for manual force. With this powerful instrument failure does not seem possible, as every resisting element is at the mercy of the surgeon. We cannot fail to notice, however, the reluctance with which they are resorted to, or advised by surgeons most experienced in their use. Great injuries, indeed, have resulted from their use, such as rupture of the axillary artery in chronic, and fracture of the border of the glenoid cavity in recent cases; and, as in a case brought to my notice, the skin parting where the pulleys were secured to the arm by a wet roller, a ghastly wound resulted, and a suit for malpractice was instituted. From the evidence, too, that recoveries following the use of the pulleys are frequently slow and not satisfactory, it is justly inferable that many injuries result from their employment which do not at first manifest themselves, or for prudential reasons are not published.

That there is a want, then, to be supplied in this department of surgery, I will now accept as generally conceded. In demonstration of the practical value of the reduction of the shoulder-joint by manipulation, an operation which, it is believed, supplies the above want, the following case is presented in illustration. Similar cases came under my notice in the military service, which had resisted protracted efforts, and were readily reduced by the simple movements shortly to be described.

On the night of December 21st, 1866, I was called to see Mr. F., of Chicago. I was informed by the medical attendant that Mr. F. had met with an accident which resulted in the dislocation of the shoulder, and that because of the rigidity of the muscles, it could not be reduced. On examination I found a

dislocation downwards, the head of the humerus occupying the axilla. Protracted and various efforts had been made to effect a reduction; several persons pulling while the surgeon's foot occupied the axilla. After these, my services were solicited.

Finding the parts very painful, and the patient unwilling to endure the pain attending the slightest movements of the arm, chloroform was administered before any efforts at reduction were repeated. When under the full effects of chloroform, the forearm bent upon the arm; the humerus was firmly rotated outwards. This rotary tension being preserved, the elbow was brought to a right angle with the body, and with a reverse rotary movement, the arm was then carried across the chest on a line with the clavicle, an audible snap indicating the return of the head of the humerus to the deserted cavity.

It is not deemed necessary to consider, in this article, any of the causes which may produce the injury under consideration, the several varieties, nor the symptoms by which it may be recognized, as they are generally unequivocal and readily distinguished. I may, however, remark in this connection, that the reduction of the shoulder-joint by manipulation, is equally applicable to all the varieties of shoulder dislocations, modified according to the situation of the rupture in the ligaments.

Reduction of the shoulder-joint by manipulation is not a new discovery, attention having been called to it as early as 1833, by Sir Philip Crampton, who strongly advocated the operation, and submitted rules for its performance. These first rules did not seem to succeed well in other hands, for they were based on the fatal supposition that all the surgeon need aim to accomplish was to first induce relaxation of the muscles on the dorsum of the scapula, and then by reverse movement of the arm excite contraction of the same. This operation consequently had fallen quite into disuse, when, after the discovery of the reduction of the hip-joint by manipulations by Dr. Reed, of New York, and the superiority of his procedure had been fully acknowledged, it was revived by Henry H. Smith, of Philadelphia, who repeatedly demonstrated the practical value of the plan, on the shoulder, not less than on the hip-joint.

In laying down rules, however, for the performance of these manipulatory movements, Dr. Smith, too, fell into the error of supposing that the reduction depended on the responses induced in the posterior scapular muscles. Although Dr. Smith directs supination and pronation of the hand to be made during the several steps of the operation, yet his conclusions as to the cause of reduction so impress every one with the idea that the above-named muscles, in some way, must be alone instrumental in restoring the injury, that he naturally neglects to attend to the most important principles; and failing in his first efforts, the operation is suspended. Hence, the vain effort this operation has hitherto made to receive its merited rank and appreciation. It is confidently believed, that the philosophy of these manipulations need only be clearly comprehended to place this operation in the first rank as a surgical procedure.

It is not strange that the theory of muscular influence should adhere so tenaciously to the subject of dislocations, for from the earliest teachings on surgery we see nothing but a war of surgeon and muscle arrayed against each other. Much stress has been laid on the action of the deltoid and spinati muscles pressing the head of the humerus firmly against the lower border of the neck of the scapula, while the pectoral and others draw the humerus inwards.

Now, whilst it is not alleged that the muscles are not capable of offering any opposition to our efforts, I am of opinion that their resistance is, comparatively, quite subordinate; so are they also equally ineffectual as an aid in these manipulations. Chloroform is a certain test of these theories, for it is acknowledged on all sides that it relaxes the muscles completely. If the muscular theory were true, this potent agent should remove every obstacle, and the displaced member be freely movable in a line with the displacement. Though it generally facilitates the reduction by traction, yet it often fails to remove the difficulty. Again, if it were true that the reduction by manipulation was effected by causing certain muscles to respond to our will, chloroform must necessarily defeat our object. That it does not defeat it, I have myself too frequently

demonstrated to admit of doubt. I shall now attempt to make the operation intelligible.

We will suppose we are called upon to reduce a dislocation of the shoulder downwards. The patient lying on a table, the affected side brought to the edge, and chloroform administered, the surgeon grasps the wrist with one hand and the elbow with the other. Bringing the forearm to a right angle with the arm, the elbow is pressed against the side of the body, and the hand drawn outwards, thus producing rotation of the humerus, and tension of the capsular ligament; the tension being maintained, the elbow is brought to a right angle with the body and slightly depressed. The arm is next carried across the chest in a line with the clavicle, reversing the rotation of the humerus in this last movement, when an audible snap will generally indicate the reduction of the dislocation. Should the head of the bone, by any chance, slide back into the axilla, these movements must be repeated.

In order to make these manipulations more comprehensive, a few remarks may serve to elucidate them. The forearm is bent on the arm, simply to afford a lever to facilitate the rotation of the humerus, which is rotated for the double purpose of producing tension of the ligaments whilst the arm is abducted, and bringing the tubercle down to rest against the border of the glenoid cavity, where it becomes arrested and acts as a fulcrum. The head of the humerus being eccentric to the fulcrum, it is not difficult to understand how it may be made to slip over the brim of the cavity, and returned to its normal lodgement.

Treatment of Malarial Disease.—By W. Anderson, M.D., of Benjaminville, Ill.

The commonly received opinion of medical writers and physicians generally, is, that the above class of diseases is of a zymotic character, or, at least, that they are produced by the continual presence, in the blood, of a morbific and foreign substance. Hence, medical men continually talk of cleansing

the system by means of emetics, cathartics, cholagogues, diaphoretics, diuretics, etc.; and we hear such phrases as, "eradicating the disease," "driving it out of the system," and the like. The last article I read was devoted entirely to diuretics. It might do for old women and empirics to talk of such things, but certainly not for a philosophical physician. For convenience, I will confine myself to ague, as a type of the whole class. Some of the foregoing remedies, and others that might be mentioned, might serve a purpose in particular emergencies, but, in my humble opinion, they have little or no bearing on the disease itself, and are as often injurious, by weakening and otherwise injuring the system, as they are beneficial. Judging from experience and my opinion, (as well as that of some eminent writers,) antiperiodics are alone beneficial in all cases. Even cholagogues should be dispensed with, except the biliary symptoms are very prominent; for their secondary effect is to render the portal system more torpid, the same as cathartics exhaust the action of the bowels.

I do not derive these opinions from experience alone, but also from what I conceive to be the true nature of the disease. I do not believe malarious poison to be zymotic; that a small portion operates on the blood like contagion, and produces, catalytically, an indefinite quantity of a similar material, though this opinion is very generally received. Were it true, then, ague would be of the character of contagious diseases, to which it bears no possible resemblance, and, what is more certain, a very small portion of the morbific matter would produce the disease, and every individual in miasmatic districts would be troubled with the affection continually.

If this theory were true, it does not follow that depleting remedies are available, for who would think of eradicating variola or measles from the system in such a way, or of using them at all, except as palliating measures?

Nor is it probable that the removal of the cause will cure the disease. If a small portion of medicine breaks the paroxysms, by neutralizing the poison, it follows that a necessary quantity of the same medicine would neutralize all the poison in the

system, and that there would be no relapse till farther exposure to the original cause, which we all know is not the fact. The morbific matter, if not continued by zymotic action or renewed by repeated exposure, probably does not remain in the system over thirty-six hours, yet, with the best treatment and in the purest atmosphere, the disease often lingers and is liable to return for many weeks. From this, it is reasonable to conclude that the commonly received opinion of medical men (and the learned Headland, in particular,) in regard to the action of quinia and other antiperiodics, namely, that they neutralize the malarial poison, etc., is not correct, and also that this disease is a nervous affection alone, which, when once established, is no longer dependent upon its original cause.

If these views are correct, it obviously follows that medicine which acts merely upon the blood, liver, etc., is of little or no avail in the ordinary treatment of the milder form of these disorders, and, when not available, are actually injurious, by weakening the system. These remarks, of course, do not apply to stimulants and tonics, many of which are antiperiodic in their nature and support the nervous system, which is doubtless the real and only seat of the disease, all other morbid phenomena being only symptoms.

A diversity of remedies may serve to amuse the patient, but in my practice I have but little use for anything save antiperiodics, with a very few palliatives during the paroxysms. Nor do I consider antiperiodics as specifics. I believe they merely support the nerves against a relapse till they regain their natural vigor. I believe they all act in the same manner, and that those which have sufficient power are about equally curative. Their order of efficiency is, in my opinion, as follows:—quinia, arsenic, salicine, etc. In all that has been written during the past twenty-five years, I think there has been no improvement on the plain, simple, and comprehensive plan of treatment, in ordinary agues and remittents, laid down by the illustrious Watson. His views of the nature of the disease, however, are not explicit, nor have they been much elucidated by more recent authors.

"*Connubimur.*"—By T. O. Edwards, M.D., of Lancaster, Ohio.

Allow me a small space to endeavor to settle the great controversy now existing in relation to the true meaning of the words contagion and infection. Some regard them as synonymous, others as signifying things of very different meaning. "Who shall decide when doctors disagree? I cannot suppress the belief that these two words did originally denote ideas very unlike each other, and that at this time they ought not to be confounded.

There is scarcely an instance of two words in the English or Latin, or any other language possessing the same critical meaning. Though in common speech they may be employed as convertible terms; yet they are always found, on nice examination, to have a plain and sensible difference. The books of rhetoric and belles letters inform us wherein "pride" differs from "vanity;" how "fatigue" is distinguished from "uneasiness," and by what means "delight" varies from "pleasure," with hundred other examples, these, though in common acceptation reputed to be synonymous words, are in reality very far from each other in true significance.

What happens in the language of common life occurs also in the dialect of medicine; words reputed by many to be quite alike, are known by the correct and learned to intend things quite remote in their meaning. Thus "lues," "pestis," "contagium," and "infectio" have been used by many as words of signification so nearly alike, that in glossaries and lexicons they have been familiarly employed one for the other. This is a mistake. Lues seems to be derived from "*luo*" "*to pay the cost,*" "*make atonement,*" *or* "*suffer punishment for a crime or fault.*" Hence *luere pœnas* signifies to suffer the penalty for an omission or breach of duty. And for the same reason "lues" is employed to mean any distemper brought on through or by a violation of moral duty; particularly as it applies to the disease consequent upon scortatory love; which has been termed emphatically "lues veneria"—the malady incident to prostituted embraces. Such is the literal and

original meaning of the word; but like other words it acquired afterwards a greater latitude of signification. Thus Claudean, the poet, writes: "Hinc hominem, pecudumque lues, hinc pestifer aer," alluding to the sufferings of men and cattle; and Virgil goes a step further and extends the idea to trees and corn; "Arboribusque satisque lues, et lethifer annus."

Whether pestis is derived from perco, to perish or to die; or comes from the Greek word "paschat," imputing to spoil or pillage, seems not now necessary to be disputed. It is sufficient for the present purpose to show that whether the former or the latter etymology be adopted "pestes" means something ruinous and destructive, generally applying to such calamities that cannot be prevented by human foresight. Pestilence is therefore coupled by Virgil with the anger of the Gods.

"Pestis et ira decorum stygiis sese extulit undis."

And there is classical authority for the following:

"Me cruciat a sævo pestis violenta veneno."

Showing that the word originally signified almost any unavoidable distress; and, in a limited sense, applied particularly to disastrous sickness and endemic distemper.

No person doubts that *contages*, *contagium*, and *contagion* are fair derivations from *contingo*, to touch or be in contact—their primative sense doubtless was, "diseases communicable by approximation of skin to skin." Hence these expressions apply peculiarly to *gregarious* animals, as sheep, cattle, and the human species. Creatures of these kind huddling and mingling together, associating while they feed and when they lie down to rest, are remarkably prone to catch diseases by *contact*. In this strain, Melibœus assures Tityrus (Virgil, Ecl. i. v. 51) that the noxious contagion of his neighbor's flock shall do no injury to his:—

"Nec mala vicini pecoris *contagio* laedent."

The forms of expression, when either of these words is used, are adapted to give an idea of something creeping, or passing off from one person to another, thus:—

"Dira per in incantum *serpunt* contagia vulgus;"

And again:—

"Dira per omnes
Manebant populas fædi contagio morbi."

And also, "*Invadunt totum contagia morbida regnum.*" From these authorities, it appears plain that the popular and obvious meaning of contagion could scarcely be misunderstood, since it respected merely that class of disorders among men and brutes which were imparted from one to another by contact, as they fed, slept, played, and associated together.

Contagion, therefore, is that peculiar, morbid poison which is prepared in the bodies of living animals, especially of those which flock and huddle together in crowds, and is wiped off, or is communicated by touch from those contaminated to those too nearly approaching them. Such was the common sense of mankind, while it remained unwarped by prejudice and forced meanings. It is a pity that such an unlettered though common sense was ever departed from.

Infection was certainly derived from "*inficio.*" This word was of very various and questionable meaning among Romans; being composed of *in*, negative, and *facio*, to do, signifying to undo; or, rather, to violate, to corrupt, to taint, or to tincture anything. To be a little more particular, the verb *inficio* expressed that property of an agent, by which it imbued the substance on which it acted, manifestly and glaringly changed its qualities, and altered it materially. The substance or thing so altered, was said to be infected. One of the most frequent and distinguishable cases of infection was the change white cloth underwent in dyeing. The coloring material, or the dye-stuff, was the agent, and the changing or vitiating the white color by its tinging property, was said to infect or stain the fabric; its whiteness was alleged to be overcast, polluted, spoiled, or undone. So when the clear and fine atmosphere was vitiated by mixtures of noxious vapors and poisonous gases, extricated from corrupting bodies, it was declared to be infected. The pure air, like the white cloth, had acquired a foreign tincture; and this effect, wrought upon the respirable and healthy atmosphere by the adventitious material with which it was charged, was, in

a figurative sense, denominated *infection*. The air so vitiated or corrupted, so different in its constitution and so altered, had become infected or *infectus*, that is, undone, or spoiled for the purpose, of its primitive or ordinary purpose. Air thus vitiated, was infected air. In like manner, a healthy animal might become infected by coming into an atmosphere of such a tincture, or so corrupted. An external agent of this kind could infect or undo the healthy frame. When this act of undoing, or, in other words, of unfitting it for the performance of its accustomed and useful functions was accomplished, the constitution was affirmed to be infected. As was observed in a preceding paragraph, infection was, in one of its senses, but another term for dyeing or imparting colors. In many forms of distempers exerted by pestilential air, there was observed, in addition to the other symptoms of debility, etc., a remarkable change of complexion. In many cases, the patients looked almost as if they had been dyed, or colored by some tinging material. This confirmed the notion, that infection having penetrated the body and wrought a change, as evident to the eyes of others as uncomfortable to the individual afflicted. By this process of reasoning, it seems to have been accepted and understood that a white garment put into dye-stuff, pure air exposed to septic exhalations, and a healthy animal acted upon by a pestilential atmosphere, were all examples of "infection."

The term was applied to another case. When anything noxious was added to wholesome drink, it was declared to be infected, that is, to be undone or spoiled for the natural and intended purpose of quenching thirst. Hence the verse can be interpreted, "Pocula si quando sævæ *infecere* novercæ." These are popular not scientific distinctions. There are but two operations in nature for preparing and engendering noxious fluids. The former is accomplished by the instrumentality of the living vascular action of animals and, it may be, of vegetables; the latter, the result of putrefaction, and, consequently, out of the power of life. To signify these two grand natural processes, there ought to be two suitable and technical terms. Contagion and infection, when properly understood, denote them, but, as

expressed in common medical language, they are too frequently regarded as synonymous. *That vitiated product of living vascular action* which can excite in a well person a disease like that by which itself was produced, and continue indefinitely to do so after being transferred from one body to another, will be and is properly denominated contagion; and lues, vaccinia, measles, and small-pox are examples of it. On the other hand, that *venomous offspring of putrefaction* going on in some of the kinds of organic matter *after death*, a *separation from the living frame*, which disorders the healthy functions without being specifically communicable, and without the power of communicating itself, will be called *infection;* and typhus, dysentery, plague, and yellow fever will be given as instances. Having thus given early acceptation of these terms, I propose to continue the subject and apply them intelligibly to modern nomenclatures.

SELECTED ARTICLES.

Suggestions for the Treatment of Cholera. By Arthur Ernest Sansom, M.D.

According to my views, cholera is the result of a poison which manifests its effects in two different ways, according as it is in immediate relation with the intestinal canal or absorbed into the circulating blood; as a primary intestinal irritant it may cause the "immediate" phenomena of vomiting or purging, and as an absorbed poison it may ultimately manifest the "deferred" phenomena of central irritation of the great sympathetic nerve, and cause the combined symptoms of true cholera-diarrhœa and collapse.

I. Ordinary Choleraic Diarrhœa and the Premonitory Diarrhœa of Asiatic Cholera.

I think every grain of evidence is in favor of this being caused by a direct irritation of the intestinal canal, whether due to the contact of irritating organized material with the mucous membrane, or whether arising during the elimination of the germs from the circulating blood.

It is one thing to suppose that the germs of cholera in the process of their elimination by the intestinal surface excite di-

arrhœa; it is another to suppose that this diarrhœa has directly a curative tendency. The amount thus eliminated can bear but a small proportion to the amount diffused throughout the mass of the blood. We cannot stop fermentation by diminishing the bulk of fermenting material; nor can we arrest the course of a zymotic disease by draining the poison which must exist in every capillary of the body through the mucous membrane of the alimentary canal. These observations, of course, apply only to the absorbed poison; if the poison merely exists as a local irritant on the mucous surface, the purgative plan must be directly curative. But even then is there a better course? I think so. It is more feasible to kill the germs than to remove them, for in their removal the elements of nutrition must, *pari passu*, be eliminated.

We come next to the consideration of those bodies which have the power of specifically altering organic or destroying organised matter. Let me insist on the essential difference between these classes of agents. The first exerts no special action upon living matter other than that which it manifests upon organic. Permanganate of potash oxidizes every organic body with which it comes in relation. It would be hopeless to administer permanganate of potash with the idea of decomposing the organic poison existing in the body, for its action would likewise be exerted in the intestinal tube itself as well as its contents, whether organized or not. The researches, especially of Mr. Crookes, show carbolic acid to be a type of the other class—a class which does not destroy or chemically alter organic bodies, which does not interfere with chemical processes, but which destroys organized bodies, animal and vegetable, and stops zymotic change. Is it not more hopeful to render inert the *materies morbi* by such an agent as this, than to attempt the herculean task of sweeping away the germs which mingle with every drop of blood to

> "Cleanse the stuff'd bosom of that perilous stuff
> Which weighs upon the heart?"

Mr. Crookes' researches show that carbolic acid destroys the vitality of animal or vegetable cells, and a large amount of evidence is brought forward to the effect that it has had a directly destructive effect upon the poison of cattle plague. If we glance for a moment at those medicines which have been reputed efficacious in cholera, we find that many of them have a powerful action on organic matter. Calomel is antiseptic as well as purgative, and its tendency is to induce a flow of bile, which is Nature's own disinfectant. Creosote has been recom-

mended, and that is an undoubted antiseptic. The compounds of sulphurous acid (*e. g.* the sulphite of lime, to which attention has been lately called) have a power of disinfection which it is not necessary here to recapitulate. Turning to the analogy of another disease, we find that there is no more successful plan of treating diphtheria than by the sulphites recommended by Professor Polli. I have just under my care a case in which sulphite of soda has been most demonstratively successful. Again, we cannot help noticing the success of oxidizing agents in this disease. Nitrate and chlorate of potash are directly oxidizing agents; perchloride of iron is an oxidizing agent—that is to say, in the presence of organic matter it gives up its chlorine, which unites with the hydrogen of water and liberates oxygen. Chlorination in the presence of water is oxidation. I have adduced these considerations to show the probability that some of those medicinal agents which have been used empirically may have been in reality actual destroyers or decomposers of the *materies morbi*.

The treatment of cholera, by doses of carbolic acid has been tried, and though it is as yet *sub judice*, the reports from the *Belleisle* Hospital ship states that it would appear that "the carbolic acid system had been most successful." The advantage of carbolic acid is that it may not only be administered by stomach and bowel, whereby it acts upon the organic matter in the alimentary tract; but it is most undoubtedly absorbed into the blood, and, being a volatile body, its vapor can easily be introduced by the lungs. The castor-oil treatment, though I do not think it possesses the merits of the disinfecting plan, has done much for the treatment of cholera. Dr. Johnson has enticed Medical Practitioners from the beaten track of astringents, and chalk, and opium—measures which check the process of elimination, and which cause retention, with all facilities for active fermentation and decomposition, of vitiated matter. Whether there were hypersecretion of bile or suppression thereof, the treatment used to be the same—opium and brandy. Opium, which may arrest the perhaps already feeble flow of bile; and brandy, which may contract the narrowed arteries, and force the current of blood back upon the veins.

From the foregoing facts what shall we educe as the most rational treatment for choleraic diarrhœa during the prevalent epidemic?

1st. Thoroughly disinfect the chamber and the house with carbolic acid or McDougall's powder.

2nd. Let the patient be placed at perfect rest, horizontal,

with draw-sheets, so that the discharges may be frequently removed. All soiled linen should at once be placed in a vessel containing carbolic acid solution.

3d. Commence the treatment with the following—℞. Acidi carbolic-gtt. ij., chloroformi miij., mist. acaciæ ℥ j.—to be taken every two or three hours.

The carbolic acid used, which at ordinary temperatures is a white crystalline solid, should be liquefied by the addition of a few drops of water. The presence of a very minute amount of water is sufficient to reduce the solid to a liquid. A piece of carbolic acid will melt down under the influence of the moist breath.

The objection to carbolic acid is its odor, which resembles that of tar. The presence of the chloroform (which acts locally on the nerves of taste, masks this in great degree, but it may happen that in certain cases this remedy cannot be applied. Under these circumstances, and especially in cases of children, it will be well to use sulphite of soda.*

I think sulphite of soda is better than sulphite of lime, as the latter so soon becomes oxidized to sulphate of lime, and it is well not to administer the lime salts until the germs be, if it be possible, rendered inert.

4th. The diet, while the absorbing powers are yet active, should consist of beef-tea thickened with isinglass or arrow-root. By being thickened, irritation of the stomach by it is much lessened, and small quantities may be retained in spite of vomiting. Stimulants *purs et simples* should never be given, but mingled with food they may be administered in small quantities—thus, a teaspoonful of brandy with a wine-glassful of milk and the white of an egg may be given every three or four hours.

II. True Asiatic Cholera—Collapse.

Supposing that the fore-mentioned means have been tried, and yet the special symptoms of cholera set in—supposing coldness and cramps and the signs of incipient collapse occur—what are the indications?

The cause, I firmly believe, is an union of the poison with the sympathetic. It may be that the system is so overburdened that nothing can lift the load;† but what plan of treatment offers the best chance?

* R.—Soda sulphitis, drachm ss.; æquæ oz. j. M. Every two or three hours

† Cases have occurred in which symptoms of collapse have happened without previous warning, and have continued with fearful rapidity until death. A few days ago, a man was observed to fall down in the street. He was taken to

1. *Counter-irritation of the Epigastrium.*—I have often seen the value of heat employed to the epigastrium in relieving the symptoms of collapse. I have employed it in cases of chloroform administration wherein there has been signs of syncope. Derivation from the solar plexus seems *a priori* likely to do good. What is the best form of counter-irritation in these cases? The carbolic acid, which is close at hand, offers itself. Let it be rubbed over the pit of the stomach for a short time by means of a piece of flannel. Dry cupping to this region may be applied with advantage. Subsequently to the counter-irritation, warmth by means of hot water bottles or hot salt bags should be applied.

2. *Keep the Patient in perfect Rest.*—The stomach should be spared fruitless efforts to exhibit nourishment. It is true that in collapse the powers of absorption are not annihilated; but it must be remembered that absorption is, in fact, a mechanical act (dialysis), and that though mere absorption may take place in this way, still vital transmutation is neccessary to make the absorbed material of any avail for nutrition; and this assimilating power is wanting. No medicine and no food should be given by the stomach, but enemata of warm water may be administered with the hope, not of suppling heat, but of diluting the thickened blood. The best way of administering the enema is by using a siphon tube proceeding from a vessel placed at a convenient height, or the douche enema, made for me by Messrs. Francis, Upper-street, Islington. By this means a continuous and equable flow is maintained, and the saltatory jet and the frequent mess of an ordinary enema-syringe are avoided.

It has been proposed to transfuse blood or a fluid analogous to it into the veins, and in some instances this practice has met with at least a temporary success. The warm fluid dilutes the thickened contents of the venous system, promotes a flow in the capillaries, then reaches the minute contracted arteries, and distends them. Motion is renewed, and motion is life. It is at first sight very strange that two such opposite courses as transfusion and venesection should have been of equal benefit. But if we consider that the symptoms are due as well to diminished arterial supply as to retention of products which should be excreted, as well to arterial anæmia as to venous engorgement, we may understand the cause. The veins in the case of

an hospital, and died almost immediately. At the *post mortem* examination the appearances peculiar to cholera were noticed in the intestinal canal, and there was no other lesion to account for death.

bleeding being lightened of their load, the excretory products which had narcotized the system being in part removed, respiration and aëration return, and the column of blood moves. In a patient suffering from syncope, motion of the blood is of the first importance for reänimation. If we tilt the feet, so as to allow the column of blood to fall back upon the heart, the failing circulation is rapidly restored. Again, in cases of threatened death from suffocation, it is only when the current of blood is set in motion that the symptoms of danger pass off. In a case of collapse, in which the arteries are nearly empty and the veins over-full, motion of the blood can only be induced in two ways —either by venesection, which allows an escape from the distended right side of the heart, or by forcing a stream *a tergo* from a vein. Either or both these means may be tentatively employed, but neither should be adopted unless other means are found to fail.

If there be any mode of relaxing the contraction of the arteries, this should be tried. I should think a fair trial should be given to inhalation of chloroform. This procedure has been known to relieve the cramps and to induce at least a temporary reäction. Combined with local warmth to the epigastrium and warm injections of the bowel, it may be yet more successful, and it certainly deserves a fair and careful trial.—*Medical Times and Gazette.*

Climacteric Menorrhagia.—Extract from a Lecture Delivered by Prof. B. F. Barker, at Bellevue Medical College, Dec. 11, 1866.

In the early part of my practice, and for many years, I met with a class of patients, from forty-three to forty-five years of age, who suffered from a constant flow of the menses, about two weeks in every four, a constant draft upon the genital organs, which was accompanied with great disturbance of the nervous system, and of the general health. I examined for polypi, fibrous tumors, and cancer, with the greatest care. I found it to be a peculiar menorrhagia, occurring especially at that period of life when the functions of ovulation and menstruation were about to cease. I could find no organic disease upon which it appeared to depend. I consulted all the works to which I could gain access, both in our own and the French languages, with especial reference to this point; but found nothing satisfactory to aid me in its treatment. I find that,

even at this time, none of our most recent authors, as Scanzoni, Bennett, McClintock, West, and Huett, or of the French authors, make any especial allusion to this peculiar type of menorrhagia, which I call the *climacteric menorrhagia.*

I feel assured, that in actual practice, you will frequently meet with these cases, and will find the directions of authors vague and unsatisfactory, and the proper management of the affection very perplexing.

Climacteric menorrhagia occurs in the plethoric and the anæmic, and I believe it is no more liable to occur in the one habit of the system than in the other. It continues for a longer or shorter time, according to the improper or proper treatment of it. It is not an affection susceptible of arrest or cure by any constitutional measures. The ordinary styptics, hæmostatics, and astringents have very little influence in controlling it. Churchill, in speaking of the treatment of this form of menorrhagia, recommends ergot as especially valuable in that class of cases where it is associated with an enlarged or hypertrophied uterus. Other authors recommend a great variety of styptics; but none of them speak with any very great assurance regarding the effects of their remedies.

When this menorrhagia occurs in those of full habit, and continues, as it often does, two, three, or more years, the patient is reduced from a plethoric to an anæmic condition. It frequently renders the condition of the general system such that it is incapable of bearing with the ordinary normal resistance, the shock of the little accidental injuries which may arise.

It sometimes appears in the form of violent exhausting hemorrhage, to an extent almost equal to that which may occur in the puerperal state; this to be followed by an arrest of the menstrual function for two or three months, or longer, when a second hemorrhage takes place, and so on. The system is thus reduced to a condition of anæmia, from which it arises only to be again brought down by this rupture of, and excessive hemorrhage from, the capillary vessels of the uterus. In other cases, the drain is less profuse and exhausting, and occurs much more frequently. These are no fancy pictures, but what I frequently meet with in actual practice.

A few years ago, I came to the conclusion that this form of menorrhagia was due to no peculiar condition of the general system, was caused or accompanied by no organic lesion, and was uninfluenced by constitutional treatment. I then began to reflect, that the internal surface of the uterus, during the whole period of what is termed menstrual life, is subjected to a con-

stant process of formation and development of the mucous membrane and its follicles; the decidual membrane, its exfoliation and reproduction, occurring to a certain extent at each menstrual period, and at each period of gestation and parturition, to a full extent; that this process might be interrupted, and that it was possible and probable that these forms of menorrhagia were due to the condition of the internal surface of the uterus. I now believe that this form of menorrhagia is due to an imperfect cicatrization of the lining membrane of the uterus, following the exfoliation which occurs at each menstrual period, and associated with increased vascularity of this membrane. In other words, I believe it is caused by a lesion of the internal surface. I commenced treatment in accordance with this belief, and its success convinces me that the theory is sound.

I have, within a few years past, conversed with certainly the most eminent uterine pathologists now living in different parts of the world, and when the proposition has been fully stated to them, it has been accepted; and the treatment I propose, is now being practiced in Edinburgh, London, and Paris, as well as by many in our own country.

Tepid water injected into the cavity of the uterus, in its normal undeveloped state, even in quantities of ten or fifteen drops, causes the most intense uterine colic. It is infinitely more tolerant of solid substances than of fluids, even the most bland. The presence of fluid seems to excite uterine contraction, and the uterine muscular tissue not being developed, these attempts at contraction produce excessive pain. But in these cases of profuse uterine hemorrhage, where the cavity is enlarged and its capacity increased, half an ounce or more of fluid may be thrown in and retained by the then tolerant uterus.

Since Dr. Squibb, to whom the profession is deeply indebted, introduced the solution of the persulphate of iron, I have used this exclusively in the cases of sudden and excessive hemorrhage, where there is consequently more or less blood accumulating in the uterus. In these cases I use an india-rubber syringe of the ordinary form for uterine injections. If the injection is thrown in with any force, it will be thrown out at once. The object is to have it retained in the cavity of the uterus, to exert its styptic influence, which is to form a firm coagulum, thus blocking up the open mouths of the vessels, and also to astringe the coats of the vessels themselves. So I introduce the syringe, and, with great gentleness, inject from twenty to forty drops of the persulphate of iron. I have never, in a

single instance, made use of this remedy without its being immediately followed by a complete and entire cessation of hemorrhage, and no recurrence for some days afterward. In these forms of dangerous, profuse, and sudden hemorrhage, this treatment is infinitely more successful than any other measure.

The second form of menorrhagia, is that which occurs at the climacteric period, which is much less profuse, but continues from two to three weeks, an exhaustive drain upon the system. In this form, my object is to carry into the cavity of the uterus some substance which will produce rapid cicatrization of its lining surface. The agent which I have been using exclusively for this purpose, for five or six years, is a solution of sulphate of zinc in glycerine. The combination is:—

℞. Zinci Sulphatis,---------- ℥j.
Glycerin,---------- f.℥ij.

I find that a drachm of glycerine will dissolve an ounce of the sulphate of zinc; but in the combination I have given you, the proportions are such as to give it the proper consistence.

The instrument I use for this purpose is a hollow tube perforated in every direction at its extremity, the whole shaped like an ordinary female catheter, in which is fitted a piston. The instrument is filled sufficiently by partially withdrawing the piston, and dipping the perforated extremity into the ointment, which is then injected into the cavity of the uterus, by the use of the piston. In regard to this treatment, I could give you a great number of cases, in which the patients, in a state of extreme exhaustion, have been subjected to a great variety of constitutional and local treatment, but without effect, until by means of this simple treatment, the drain upon the system has been arrested. In these cases of menorrhagia, I have not, in a single one, had to apply this method more than twice.—*Phila. Med. & Surg. Reporter.*

East Indian Quinine.—The efforts made by the Indian Government to introduce the Cinchona plant in India and Ceylon are detailed in a voluminous blue book lately presented to Parliament. It contains no less than ninety-four reports and letters respecting the efforts made to extend the cultivation of this valuable plant on the Neilgherry Hills, in Wynaad, Coorg, and Travancore, with a goodly number of reports, showing that the ground has been laid for cinchona cultivation in Sikkim, the

Punjaub, Bombay, and Ceylon. There is also a very interesting journal by Mr. Cross, who was commissioned by the Indian Government to make a collection of seeds from the cinchona forests, near Popayan, in South America.

It appears that in 1861 the Government of Madras desired the Home Government to have an analysis made of the East Indian bark, and a number of specimens were collected and sent over by Mr. McIvor, the superintendent of the Government plantations. Mr. John Elliott Howard, the analyst, in his report, stated, "I have great pleasure in informing you that the result of my examination of the bark of *C. succirubra*, grown in India, is very satisfactory. I have thus far only operated upon 500 grains, proceeding cautiously, as the quantity of bark sent is small. I find exactly the same constituents as in South American "red bark," and was able to obtain a first and second crystallization of very white sulphate of quinine mixed (as is usual when obtained from red bark) with sulphate of cinchonidine; I have also obtained some cinchonine. This must be considered very satisfactory, and a promising result, when the immature age of the bark is considered," (viz., two years' growth.) On this favorable report the superintendent was authorized to sell 100,000 plants, which were all speedily applied for by the native planters. A second collection of samples was sent to Mr. Howard for his report, which was still more favorable. He wrote:—

"I have since devoted most careful attention to ascertain by experiment the probable market value, especially of the first two samples of bark sent. It will not be necessary for me to detail the various means by which I succeeded in convincing myself, not only of the existence of the alkaloids, but of their being extant in such a state of purity as is certainly not found in the ordinary samples of red bark imported from South America. The result of my examination tended to show distinctly that cultivation has improved the produce of at least this species of cinchona.

"I must remark that the commercial value of specimens of bark intended for the manufacture of sulphate of quinine can never be ascertained by the mere knowledge of the percentage of alkaloid soluble in ether, since it is necessary that this should be shown to exist in such a state as to crystalize with acids into the required compounds.

"In this case of No. 1, the bark from the thickest part of the lower branches of a *C. succirubra*, two years and five months old, this examination was most satisfactory, confirming that

which I stated in my first report as to the facility with which the alkaloids were obtained in a state of purity, although the red coloring matter in the bark is very great. The amount of purified alkaloids I estimated at 6 per cent., consisting of quinine 3·14, cinchonidine 2·06, cinchonine 0·80. This large product of alkaloids might probably be still further increased by surrounding the stem with moss, in the manner which Mr. McIvor has so happily suggested, since Dr. De Vry found 8·409 per cent. of alkaloids in a stem which had been so treated. It seems to me, from this trial, that the East Indian bark, the produce of *C. succirubra*, will rival in price the Bolivian *Calisaya*, which is by no means the case with the bark of the branches of *C. succirubra*, as grown in South America. It is important to remark, that the very high price of between 8s. and 9s., which has quite recently been paid for red bark in this market, applies only to those pieces of bark from the trunk of the tree which possess, from their age, a peculiar bright red appearance. I have forwarded a small vial with commercial sulphate of quinine obtained from this No. 1, as also sulphate of cinchonidine separate from the above. I have only to remark further on this bark, that its appearance bespeaks its good quality, and that there can be no doubt the season chosen (24th of February) is most favorable to its being well secured."

Mr. McIvor, the superintendent of the plantations, appears to have tried the plan of mossing the bark of the plant in order to increase the deposit of the quinine therein, and wished to secure it to himself by patent, but the Government were of opinion that as it was invented in the course of his official duty, it would be a bad precedent to adopt. The experiments made by Mr. Clements to Markham proved, however, that the plan was extremely beneficial; he states that a tree two and a-half years old yielded alkaloids of 2·43 per cent., but 5·20 when mossed for a year. These results, he states, gives us the certainty that the correct method of treating the cinchona trees is to cover the stems with moss, to remove the bark periodically, to renew the bark by mossing the stem, and to allow the tree to continue growing until it attains its utmost size. Dr. De Vry told Mr. Markham that with muriatic acid and caustic soda he treated the green bark and produced a fine powder, consisting of all the febrifuge alkaloids of the bark, which will practically be as efficacious as the expensive sulphate of quinine.

From a return included in the report, it appears that the number of plants on the Neilgherry Hills, which at the beginning of 1863 were a little over 100,000, in May of the

present year exceeded 1,100,000. In the other districts mentioned in the list the same activity is manifested. From Ceylon, Mr. Markham reports that the coffee growers have taken to the cultivation of the cinchona in a hearty manner, as many as fifty planters having applied for plants, of which 180,000 have been distributed, the manager of a large estate belonging to Rothschild being the foremost amongst them.

It also appears that Government have ordered new roads to be made especially for the use of the districts in India where this plant is being cultivated, and there can be little doubt that the supply will be greatly increased, as the cultivation of the plant is rapidly extending.—*Chemist and Druggist.*

Deformities of the Nose. Operation to Repair a Broken Down Septum Narium. By CHAS. F. TAYLOR, M.D., of New York.

As a contribution to what is conveniently called "minor surgery," though often requiring more careful study and skill than more dangerous and imposing operations, the following case is given, in the hope that its suggestions may be of service:—

H., of Detroit, Michigan, a lad fourteen years old, was brought to me in November, 1865, for treatment for complete occlusion of the right nasal passage. I found the septum narium broken and doubled up, the fold of the cartilage projecting into and filling up the right nasal passage. It was supposed to have been done by a fall on the nose when about four years old. The cartilage was hypertrophied and unyielding, and did not seem susceptible of modification by any means short of an operation. There were so many objections to the ready operation of excising the extruded portion of the septum—the danger of troublesome hemorrhage from the pituitary membrane, the tardy healing of the exposed cartilage, the sensitiveness of the cicatrized surface, as well as the frequent failure of the operation itself to give the desired relief—that I was induced to devise an operation which seemed to promise important advantages.

Preparing myself with a very small knife, having a thick back, awl point and short cutting edge, I introduced it through the integument which covers the inferior border of the septum, and, carefully guiding it *between* the mucous membranes by one finger inserted in the nostril, the septum was cut longitudinally through and through in several places along the bent portion, till the tumor became soft and compressible. On withdrawing

the knife, the wound, which was not more than a mere prick of an awl through the skin, immediately closed up, and not half a dozen drops of blood were lost. The mucous membranes were not pierced in any place, the knife having been kept carefully between them. A clamp of hard rubber had been previously prepared exactly fitting the nasal passages, one leg of which was then introduced into each nostril and screwed tightly together, compressing the tumor, straightening up the septum, and bringing the mucous membranes covering the cartilage near together. The hypothesis was that the operation and compression would excite a certain amount of inflammation in the parts, and that as in subcutaneous tenotomy, the wound being surrounded on all sides by healthy tissue, healing by first intention, or at least rapid reparation, might be expected. It was necessary, however, that the clamp should be kept on long enough to secure the desired result, and not retained so long as to cause sloughing and possible disaster. The clamp was removed in eighteen hours after its application and reapplied less tightly for twelve hours longer, when, on removing it, the septum remained in its natural upright position. Healing by first intention had taken place, and both nasal passages were entirely unobstructed. There was slight nasal discharge, which soon subsided, and the cure was complete. During the whole time, even when the clamps were on the patient suffered no pain or the least in convenience.

In this case, the septum being depressed and partially doubled on itself, there was little actual deformity, save a somewhat flattened appearance of the nose; but the voice was injured by the stopping up of one nostril, and it was for this that an operation was desired by the parents. But why might not the same or a similiar operation be just as available for the removal of the common deformity, when the septum and consequently the nose is twisted to one side? In such a case I would suggest cutting the septum cartilaginum *obliquely* through, antero-posteriorly, near its base—keeping, as in this case, the knife carefully between and not piercing the mucous membranes—and then adjusting a clamp, as in this instance.

Case of Fracture of the Hip-Joint, with other Severe Injuries, Treated without Splints. By Theodore W. Fisher, M.D., Boston.

J. T., aged 13 years, a healthy boy, of Irish parentage, April 14th, 1862, fell from the fourth story upon a plank walk.

He was taken up insensible, but had revived when I saw him, ten minutes after the accident.

I found a compound, comminuted fracture into the right elbow-joint, with dislocation of the ulna and radius outwards. The external wound was two inches in length, and through it could be seen the whole articulation. Both radius and ulna were broken and much displaced, two inches above the wrist. The head of the radius was broken near the left wrist. One or more ribs were broken, on the right side, wounding the pleura and producing emphysema of the parietes of that side. There was distinct crepitus over the right trochanter, with eversion of the foot, and shortening to the extent of an inch. The shock was not very severe, and the pulse 88, and of fair strength. He suffered most from efforts to cough, which gave much pain, and a binder was applied to support the chest.

He was seen three hours after the accident by Dr. H. G. Clark, in consultation. The patient was etherized, fragments of bone were removed from the elbow, and dislocations reduced. An internal angular splint was loosely applied to the right arm, which was supported by a pillow, and water dressing applied. Straight splints were used for the wrists. Extension was applied to right foot by a brick attached in the usual manner to the leg, and counter-extension by strips of sheets, on each side of the perinæum, fastened to the head of the bed. Beef-tea and brandy were ordered in moderate doses. The reaction came on in the evening. Pulse 110. Brandy discontinued.

April 15th. Has slept none, and pulse 120. Hip very painful, with constant tendency to eversion, which was counteracted by a broad strip of plaster, around the thigh, attached to a weight hanging over the left side of the bed. No extension of emphysema. Slight bloody expectoration. Morphine gr. $\frac{1}{8}$ at bed time.

16th. Slept six hours. Pulse 116, full and quick. Breathes more easily.

17th. Slept well. Eats well. Pulse 128.

18th. Pulse 112. Respirations 28. Elbow swollen.

19th. Swelling and discoloration in right groin noticed.

20th. Pale and chilly. Emphysema disappearing. Bears extension well. Pulse 100. Wound in elbow discharges freely.

29th. Complains of severe stinging pain in second, third, and fourth fingers of right hand. Pulse 100. Ordered quinine, gr. j., three times a-day.

May 10th. Etherized, and two openings made in the elbow, discharging a small quantity of pus. Poultice ordered.

29th. Etherized, and a free opening made near inner condyle. Considerable pus and a small fragment discharged.

June 1st. Weak and irritable. Pulse 120. Most of weight removed from leg. Nourishing diet urged on him.

15th. Doing well. Encourage motion of leg; to be kept flexed part of time by means of a sling.

26th. Sits up and walks a little.

July 14th. Three months after the accident. Walks with a slight limp only. Perfect motion in left wrist. Good union of radius and ulna of right arm, with increasing motion of the hand. Elbow stiff, and fixed at a convenient angle.

The patient eventually walked without lameness, and recovered a slight motion in his elbow.

Prof. O. W. Holmes' Microscope.—A meeting of the Essex Institute, Salem, Mass., was held Tuesday, May 1, 1866, to bring together all the miscroscopes which could be conveniently obtained, for the purpose of interesting the friends of the Institute in this department of science; also to celebrate, in an appropriate manner, the ancient festival of the first of May.

The meeting proved a decided success, over three hundred members and their friends being present, besides a number of invited guests, among whom were, Prof. O. W. Holmes, of Boston; Dr. A. A. Gould, Vice-President of the Boston Society of Natural History, and others.

Prof. Holmes, on being introduced, briefly pointed out the distinction between the simple and the compound miscroscope, and describing the method by which the imperfections of the latter have been remedied within the last forty years, he proceeded to speak of the more remarkable improvements it has received at the hands of American opticians and philosophers.

1. Enlargement of the angle of aperture. In 1852, Mr. Quekett said in his well known-treatise, quoting Mr. Andrew Ross, the most famous of London makers of microscopes, that 135° was the largest angular pencil which could be passed through a microscopic object glass. But long before this an American optician had made a $\frac{1}{12}$ object glass having an angular aperture of 146°, the same glass which he now held in his hand. Since that time the same maker has made glasses with an angular aperture thirty degrees and more larger than this. Mr. Webb will show you in connection with his beautiful binocular a glass having an angle of 178°, which, as he says, and as we should expect, is equal to the resolution of the most difficult tests.

The audacious American, who carried the angle of aperture more than forty degrees beyond the limits of the possible (according to the highest English authority), was Mr. Charles Spencer, of Canastota, a small town in the midst of half-burned stumps of the forest in the interior of the State of New York.

2. Next on the list of American inventions and improvements, comes the inverted microscope of Dr. J. Lawrence Smith, of Louisiana, a form of instrument universally approved and very widely adopted by chemists as particularly fitted for their investigations.

3. The binocular microscope of Professor Riddle, of New Orleans, which, variously improved and modified, is now extensively employed both in England and on the continent, as well as in this country.

The best known American miscroscope makers are, Mr. Spencer, the pioneer among them, whose inventive genius has stimulated the opticians of the Old World to attempt feats which they considered impossible until he showed they could be and had been done; Mr. Tolles, his worthy successor, whose glasses challenge competition with any in the world; Mr. Wales, not so long known among us, but making first-rate objectives; Mr. Grünow, whose instruments of moderate cost are perhaps the best the American student can buy, and who can make excellent microscopes of costlier pattern when required; Mr. Zentmayer, whose stands are equal, if not superior, in elegance and workmanship to the finest of European make.

Dr. Holmes then said, that, at the risk of taxing the powers of belief of those before him, he would attempt to give some idea of what is meant by an enlargement of twenty thousand diameters, within a fraction of which these objects are amplified.

It means that their surface, or that portion of it which you see, looks four hundred million times as large as it really is.

If your thumb nail were thus magnified, it would cover 18 acres of ground.

A fly, weighing one grain, thus magnified in surface and in like proportion in thickness, so as to keep his proper figure, if his weight increased at the same rate as his bulk, would weigh as much as a million horses rolled into one great monster horse.

A man weighs a million grains, and magnified in each dimension, as much as these dots are enlarged, would weigh as much as a billion horses; more very probably than ever lived on this planet, from the Adam of horseflesh to the present time.

Many who are here this evening remember the famous moon-

hoax of Richard Adams Locke. It seems not impossible that the fancy of enlarging telescopic images by the misroscope so as to bring out details upon the surface of the satellite may yet be realized. If the moon looks about a foot in diameter, it would if enlarged as these dots are enlarged, be extended to nearly four miles in diameter, say, if you will, $\frac{1}{6\,0\,0}$ of its actual diameter. This would give us pictures of everything on the scale of one inch to fifty feet, and would show us men and women, if such there were on the moon's surface, as exceedingly interesting little animals of about the size of certain insects held in small esteem by the human species, and very easily seen as well as felt.

Errors excepted, of course, in the above calculations, which are believed, however to be essentially correct.

Dr. Holmes then said that he had been particularly requested to bring with him the microscope which he is in the habit of using, the mechanical arrangements of which are of his own contrivance. The glasses shown in connection with it were, a $\frac{1}{2}$, a $\frac{1}{4}$, and a $\frac{1}{12}$, made by Spencer.

The principal points in the simple and inexpensive arrangement to which he called attention were the following:—

1. Fixed wooden stand, carrying with it lamp for direct illumination, objectives, eye-glasses, and other apparatus.

2. Tube supported on two forks cut in the wood; inclined at an angle of 35°; rotated by turning the shade-disk, which is 8 inches in diameter, and thus regulating the focal distance by the movement of a brass check which bears against an inclined surface of glass, giving a rapid and medium adjustment.

3. Delicate secondary adjustment, by a screw with scalloped head, placed close to the thumb which with the forefinger moves the object stage. This screw depresses very slightly one of two brass plates, fixed to object stage, against which the glass object slide is pressed forward by two small springs. This arrangement has the incidental advantages of bringing all objects to the same level, and of affording protection to the thin glass of the side.

4. Horseshoe magnet for fixed stage.

5. Object stage of soft iron, 8 inches long, 1 inch and $\frac{1}{4}$ wide, adhering to fixed stage by attraction, assisted by brass spring at one end, loaded to keep it down, moves horizontally by sliding over an edge $\frac{3}{4}$ of an inch to the left of middle of fixed stage, and up and down in the arc of a circle of which this edge is the centre. Requires but one hand for management, which hand is always in position to command the fine adjustment.

6. Achromatic condenser (or any other piece of apparatus) slides in between the branches of the horseshoe magnet. The diaphragm is directly behind the achromatic condenser.

7. A small plano-convex lens occupies one hole of the diaphragm, and is very useful in concentrating the rays of oblique light when that is used.

8. Although this instrument is arranged chiefly with reference to using the direct rays of a lamp without any reflection, a mirror can be substituted for the lamp if desired. The following is Dr. Holmes' method of arranging this adjunct:—A plano-convex lens is set in a frame, to be used as a condenser. Two plane mirrors of the same size are cemented back to back. This double mirror fits against the plane side of the lens, thus giving a plane mirror on one side and the equivalent of a concave mirror on the other.

9. Dr. Holmes employs a simple *indicator*, made by sticking a portion of a fine needle to the diaphragm of the eye-glass with a bit of wax. This is a great convenience in demonstrations, it being easy to bring any particular object of examination to the point of the needle by moving the stage.

10. A very convenient complement of the instrument here shown is the simple arrangement shown by Quekett (fig. 257, 2d edition), which is especially adapted for very low powers, for dissecting, examining the circulation, etc.,

Dr. Holmes said he would take occasion to mention a plan he had lately adopted for preserving recent preparation of soft tissues so that they could be shown day after day. It is simply laying them on a wet cloth, which is itself placed on a sheet of India-rubber cloth, and covering them with a bell-glass. The air being soon saturated with moisture, the preparations cannot dry.

He then exhibited one of Mr. Lockhart Clarke's sections of the spinal cord, and a single nerve-cell isolated and stained with carmine, prepared by Gerlach, both of which were lent him by Dr. Dean, to whom they were presented by the distinguished anatomists of whose skill they are singularly perfect specimens.—*Dental Cosmos.*

Dr. Henry Bennett on the Curability of Consumption, etc.—Mr. Lockhart Clarke's Investigations of the State of the Spinal Cord in Tetanus, etc.

LONDON, December, 1866.

A valuable contribution to medical literature, has lately been

made by Dr. Henry Bennett, on the curability of consumption. His remarks are all the more interesting, because they come from one who, himself, is a sufferer from the disease. Seven years ago, Dr. Bennett was in extensive practice in London as a physician, and had made himself a name by his investigations and writings on obstetric medicine. His position here, however, he was compelled to throw up from ill health, and he went, as he says, a consumptive invalid to the South of France to die. But when released from the cares and labours of professional life, and placed under most favorable hygienic conditions in his new home in Mentone, he gradually improved in health, and now is able to give us the results of a large experience there acquired, in the treatment and prognosis of phthisis.

He seems to have regarded phthisis from the first, not as a disease per se, but, as he expresses it, merely a symptom grafted upon a general decay, just like a fungus on an unhealthy tree; and, leaving the disease out of consideration, he has made it his object to combat with the decay as the real source of the disease, just as the gardener might attend to manuring and strengthening the tree to destroy its parasites. The chief arguments which he adduces in favor of this doctrine, are:—the deleterious effects of privation, impure air and other deteriorating influences in producing and accelerating tubercular disease; and the beneficial results of treatment, when directed to sustaining the vital energies of the patient. He instances the natives of Labrador, who, in their rude, imperfect huts, exposed to many hardships, are almost unacquainted with the disease; but when they come down the St. Lawrence, and are crowded in the badly ventilated dwellings at the fisheries, yet living in comparative luxury, fall victims in a year or two to phthisis under these enervating influences.

Now, it would seem, if the view were correct that phthisis is merely a symptom of decay, that it ought to occur much more frequently in the aged. As a matter of fact, however, it is rare to find it in an incipient, or even active condition in them, but on the contrary, its active ravages are mainly confined to persons about the age of puberty and of middle life.

Recent investigations, too, seem to indicate, at least, the great probability that two or more distinct diseases, have been included under the common designation phthisis—that grey or miliary tubercle is distinct from common yellow or scrofulous tubercle, and that both of these are to be distinguished from certain forms of chronic inflammatory degeneration. Whatever may be said of the yellow tubercle, the first kind at least—the

miliary tubercle or "gray granulation" appears to possess distinctive and specific characters, which give it the right to be considered as a separate disease; for experiments have been recently made, which appear conclusively to prove that tubercle of this kind, from a phthisical patient may by inoculation be made to communicate the disease to a healthy animal.

Mr. Villemin reports in the *Gazette Hebdomadaire*, that he has, again and again, succeeded in inoculating rabbits with tubercle, and that the tubercular matter thus produced in one rabbit, can be, in like manner, transmitted to another. Mr. Simon has lately made a similar series of experiments at St. Thomas's Hospital, with the following results:—Of thirteen rabbits inoculated with recent tubercle (taken from twelve to twenty hours after the death of the patient,) five were found to have deposits in the lungs, five months afterwards, and these deposits, when examined, were found to have all the appearances, general and microscopical, of tubercle. Another series has been inoculated from this tuberculous deposit, and I hope to be able to give you the result of this farther experiment at a future period. The rabbits were not subjected to any deteriorating influences.

While, therefore, we cannot allow the entire truth of Dr. Bennett's theory, that phthisis is a mere symptom, since we have good evidence that, at all events, in some cases, it is a specific disease; yet we may go with him to the extent of believing that depressing influences greatly favor the occurrence and progress of the disease, and as we know of no specific remedies for tubercle, our treatment must mainly be directed to combatting these influences, and thus will entirely coincide with his own. In fact, in phthisis, as in other diseases of an adynamic type, the main indication is to support the "vital energy" of the patient. To this end, we do not recommend the emigration of phthisical patients to relaxing or tropical climates, where the energies are exhausted, and where the mortality from this disease is proved to be larger than in an unequal climate like our own; but we rather send them to warm but bracing localities, of which Mentone, in the South of France, seems to be an admirable specimen. Though the place is full of consumptive invalids, the mortality from pulmonary phthisis, there stands at 1 in 55, while in London and Paris it is 1 in 8. The importance of hygiene in this disease, cannot be over estimated, and perhaps the most important thing of all, is good equable ventilation, which is, in our climate, difficult to obtain, and which deserves much more attention than it has

hitherto received. In many cases, pure air is the food par excellence, upon which the patient can exist, and to compel or allow him to breathe a close atmosphere, loaded with effete organic impurities, when the quantity of active lung tissue is reduced to a minimum, is a scientific crime equal to manslaughter.

The value of different kinds of food, is an interesting subject, upon which I must not be led away here, farther than to give Dr. Bennett's opinion of fats. Cod-liver oil he looks on as undoubtedly only a readily digestible oil. Its strength-giving properties have been abundantly proved, while the number of cases of phthisis cured or relieved by treatment with this medicine, is far larger than of those treated by any other remedy. It is remarked also, in the *Intellectual Observer*, (for July of this year) that the Tyrolese chamois hunters prefer to take beef fat, rather than meat, with them, when exposed to lengthened fatigue in the mountains; and recent experiments tend to prove that "the production of muscular power is not so much to be attributed to the assimilation of nitrogenous food, as to the slow combustion of carbonaceous food." This is a very important matter, and deserving of farther investigations, since it bears not only upon phthisis, but also upon various other diseases accompanined by low vitality.

Dr. Bennett makes all his consumptive patients, if they are strong enough, use a sponge bath daily, at a temperature of about 65° F., and finds it of immense benefit. He says, "I myself, derived the greatest possible comfort and benefit from cold sponging in Summer, in the open air, on the banks of a Scotch loch, the waters of which were at 60°; and that when I was very ill, pulse 100 and skin hot and feverish. This gave me a confidence I have never lost, and which I have never had reason to repent."

I believe that he is undoubtedly right, when he remarks, that "much may be done towards arresting the progress of this decay, and even towards effecting a cure, by the combined influence of hygiene, of climate, and of rational medical treatment," and it is pleasing to find him able to add, "I am now surrounded by a little tribe of friends and patients, whose lives have been saved, like my own, by the steady application of these principles."

A Morgue in New Orleans.—They are to have a morgue in New Orleans, similar to that in Paris, New York, and other cities.

Extract from a Paris letter, dated November, 1866:—

"I have seen lately, through the kindness of M. Mathieu, the laryngeal speculum, invented by Dr. De Labordette of Lisieux.

"This instrument appears to be a happy modification of the ordinary laryngoscope which it simplifies greatly. It bears a resemblance to M. Cusco's vaginal speculum, and is composed of a lower and upper valve. This last plays upon the lower half, from which it can be removed to the distance deemed most convenient for exploration. When introduced into the throat, the superior valve becomes posterior. A peculiarity in its construction is its following a gradual curve, allowing this portion to be moulded upon the soft palate, and to descend into the pharynx. The anterior valve does not go beyond the root of the tongue, depresses this organ, and raises the epiglottis. The speculum, to be advantageously used, must be introduced as far as possible. When the instrument is in its place, the play of the valves, which is regulated by a handle held by the operator, lowers the tongue and maintains it in a stationary position. The posterior valve presents at its extremity a small, highly polished mirror, adapted to its inner surface. The upper orifice of the larynx is reflected upon this mirror, and the posterior portion of the epiglottis, the aryteno-epoglottidean folds, the laryngeal ventricle, as well as the inferior vocal chords, and the upper part of the trachea are distinctly visible. This exploration can be made in broad day-light, the only condition necessary being to seat the patient near an aperture. At night, an ordinary lamp or candle suffices. Before introducing the speculum, M. De Labordette recommends heating it over the flame of alcohol, or by immersion in warm water, as the chilly metallic surface produces a disagreeable sensation, and the breath tarnishes the mirror. The next step is to procure introduction very deeply. This part of the operation is easily effected without distress to the person examined. The instrument is closed when it enters the mouth. The valves are then made to separate, and the dilatation of the speculum is readily obtained. The laryngoscope is held with one hand, whilst the other applies caustics, etc., to those spots which appear diseased to the eye. In a descriptive pamphlet, Dr. De Labordette has published, he says that the play of the valves, in order to dilate the speculum, must only be attempted when the anterior segment has reached the base of the tongue, and that the patient must be told to breathe freely; otherwise, spasmodic

contractions of the pharynx supervenes, and in consequence of this, exploration becomes very difficult, nay, impossible, owing to the great quantity of mucus secreted. From the rather bulky appearance of the apparatus, one would be inclined to think its introduction capable of occasioning distress or annoyance. This is not the case, however, and the instances in which a slight pain is noticed, are few in comparison with the number of times when the use of the speculum creates no unpleasant sensation. If it becomes necessary to inspect the larynx of a child, the instrument must immediately be made to enter to a considerable distance, and it should be kept in place, as the uncomfortable feeling soon yields before the reëstablishment of the respiratory functions. The absence of nausea is attributed to the size of the laryngoscope, which by uniform pressure over a large surface does not worry the palate. The tongue is completely mastered by the anterior valve, and its restlessness is kept in check. An advantage which M. De Labordette claims for his speculum, is that the buccal parietes are shielded from harm by the tubular construction of his instrument, this disposition permitting the use of medicinal agents with no more apprehension than the cauterization of the *os uteri* excites. Besides, it is possible to touch a very limited portion of the mucous membrane, avoiding thus easily the danger which was hitherto to be guarded against from action upon too extensive a surface. From this circumstance, as well as from the great facility for exploring the larynx, and even portions of the trachea, M. De Labordette was induced to try his invention in cases of laryngitis with production of false membranes. Five times, the introduction of the speculum allowed the application of caustics to be made with remarkable ease and accuracy, and the result was constantly favorable. It would be premature to pronounce upon the merits of this instrument from the small number of observations its inventor presents; still one cannot help being struck with the simplicity of M. De Labordette's speculum, which is so great that the process of introduction offers no difficulty, whilst permitting a very minute examination of the laryngeal parietes. This same laryngoscope has been employed lately to establish breathing in children who were born in a state of apparent suffocation."

Scabies.—Paraffine.—Wash the parts well with a strong warm solution of common soda, and, after drying, apply paraffine very freely. A few repetitions will generally cure the case. —*Braithwait's Retrospect.*

PROCEEDINGS OF MEDICAL SOCIETIES.

CHICAGO MEDICAL SOCIETY,

SINGULAR PARASITE.

Dr. Ernst Schmidt exhibited a specimen of a very unusual parasitic worm, with the following history:—An American girl, 10 years of age, weakly, and of scrofulous diathesis, had suffered, for some time, from capricious appetite and pain in the upper portion of the abdomen. Two weeks ago she complained of pain on the left shoulder; at the seat of pain there soon appeared a slight elevation, tender to the touch, slightly red, from which, in a short time, a small worm was observed, endeavoring to escape. If disturbed, the worm withdrew its head beneath the skin; by gentle pressure, however, it was forced through the small opening it had made. A similar swelling appeared behind the left ear, from which another worm made its escape. Thus far, eight elevations have appeared in different portions of the body, from which five worms have been secured. Some of these elevations were neither red nor very tender on pressure. Palpation gave the sensation of a foreign body under the skin. The efforts of the worms to pass through the skin caused no pain nor hemorrhage. The small opening closed readily, and the elevation soon subsided.

The child, during this time, was nervous and irritable, the pulse being, at times, as low as 40 per minute. The application of mercurial ointment caused the elevations to disappear. In all cases where this was applied, the worms seemed to pass upward from their original position towards the head. The child was not in the habit of eating either raw meat or vegetables. There were no indications of other parasitic worms in the child or other members of the family.

The worms were about five-eighths of an inch in length, quite transparent, and divided into eight sections, with an alimentary canal running nearly straight from the anterior to the posterior extremity. The mouth, as examined with the microscope, presented no exidences of apparatus for suction or boring.

Dr. Schmidt will give, at some future time, a further history of the case, with a minute description of this rare parasite.

LARYNGEAL TUMOR.

Dr. Ross exhibited the larynx, of a female patient 42 years of age, who died at the County Hospital, under the following circumstances:—She had enjoyed excellent health until last May, when she contracted a "severe cold" from exposure. From this time, she suffered from loss of voice and inflammation of the fauces, which symptoms were partially revived by applications to the mucous membrane and to the external parts of the throat by her attending physician. The respiration, on the contrary, became more and more impeded, till, finally, she was obliged to seek relief at the hospital, January 1st, 1867. At this time, she appeared in good general health. Both expiration and respiration were labored and accompanied by a loud, wheezing sound. The countenance was anxious; the pulse 90 per minute, full and strong; deglutition was difficult; there was a troublesome cough, with expectoration of thick mucus, which was at times bloody. The patient had never suffered from syphilis or from other chronic disease. The laryngoscope revealed a tumor, of considerable size, situated, apparently, between the anterior portion of the vocal cords. The glottis was nearly closed; the epiglottis partially destroyed. No ulceration of the mucous membrane was discovered.

Laryngotomy was performed by Dr. Bogue, with temporary relief, however, for only three days. Death occurred Jan. 14.

The *post mortem* examination, as shown by this specimen, revealed the large tumor, attached to the larynx just above the anterior part of the vocal cords. Below the vocal cords was a small but very deep ulceration, resembling the malignant ulcer not unfrequently observed in the tonsils.

RARE DISEASE OF THE TRICUSPID VALVES.

Dr. Ross exhibited the heart, removed from a girl, 13 years of age, who had suffered from rheumatism at different times for the past six years. She entered the hospital with hypertrophy

and valvular disease of the heart, with pleuritic and pericardiac effusion, and general anasarca. The heart weighed thirteen and one-half ounces. The pericardium contained sixteen and the pleural cavity thirty-two ounces of fluid. The aortic, semilunar, and mitral valves were hard and much thickened, closing very imperfectly. The most remarkable abnormal change was a very extensive thickening and contraction of the curtains of the tricuspid valves, presenting the appearance of a white tumor with a button-hole slit through it.

Dr. Ross also exhibited two hypertrophied hearts, without valvular lesion, weighing, respectively, eighteen and twenty-three ounces. The specimens were removed from patients suffering from Bright's disease.

Dr. Hildreth read the history of a case of perforating ulcer of the cornea, resulting from purulent conjunctivitis. Although there was continued evacuation of the aqueous humor through the opening in the cornea, anæsthesia of the remaining portions of the cornea continued. Hancock's operation—division of the ciliary muscle—relieved the anæsthesia and caused the ulcer of the cornea to heal. This proved, in the opinion of the writer, that the benefits of the operation resulted from the division of the ciliary muscle and not simply from paracentesis of the corneæ. The writer considered it of very great importance, after this operation, to instil frequently upon the conjunctiva a strong solution of atropine, in order to cause the divided fibres of the ciliary muscle to separate and thus prevent their rapid reunion.

SANITARY MEASURES.

At a recent weekly meeting of the Society, an interesting discussion took place, in reference to the "Metropolitan Health Bill," now before the General Assembly, at Springfield. Prof. Davis, chairman of the committee, composed of Drs. Davis, Hamill, and Ross, read an able report in reference to this subject. We shall inform our readers of the results of legislation on the sanitary regulations of Chicago.

EDITORIAL.

BOOK NOTICES.

A Manual of Medical Jurisprudence. By Alfred Swaine Taylor, M.D., F.R.S. Sixth American from the eighth and revised London edition, with Notes and References to American Decisions. By Clement B. Penrose, of the Philadelphia Bar. Philadelphia: Henry C. Lea. 1866.

The merits of this excellent work are too well known to the profession to require any new encomium at this late date. The study of medical jurisprudence is one which should not be neglected, since every practitioner is, at any hour, liable to be called upon for medical testimony of some sort, without warning or opportunity for extended consultation of the authorities. Careful perusal of a work like this will remove from the mind of the physician much of that indefinite dread which so often makes such a mountain of a mole-hill subpœna. "In preparing for the press the present edition it has been thought advisable to restore some portions of the matter omitted by the author, and also to introduce some material from his Principles and Practice of Medical Jurisprudence, thus rendering the volume more complete for those to whom his larger work is not accessible. These additions will be found in the articles on noxious animal food, trichiniasis, sexual malformation, insanity as affecting civil responsibility, suicidal mania and suicide, and life insurance." The illustrations, representing the microscopical appearances of substances used as poisonous agents, add not a little to the value of the chapters which treat of death by poisoning.

For sale by W. B. Keen & Co., 148 Lake Street.

MEDICAL EDUCATION.

We have read, with much interest, several articles in our exchanges on this hackneyed subject. Its importance is sufficient to engage, long in the future, the most serious attention, not only of the teachers in our medical colleges and the editors of our journals, but also of every individual practitioner.

One would imagine that the thought of the responsibility, which a young man assumes the day he determines to devote himself to the search for the means of prolonging human life and of relieving human suffering, would be sufficient to stimulate his energies in the pursuit of the knowledge requisite for so high a calling. But the temptation to avoid severe mental labor and the want of due appreciation of the duties of a physician are so great, that thousands who commence the study of medicine, and thousands who continue in its practice, apparently strive to prove how little they can learn.

The obstacles which tend to prevent diffusion of thorough medical knowledge in the profession are, principally:—1st. The difficulty of so far overcoming the ignorance and prejudices of the masses that they can recognize the merits of well-educated physicians, as compared with the pretensions of charlatans.

2d. The imperfect preliminary education of a large proportion of those who enter upon the study of medical science.

3d. The want of suitable legislation in reference to several important points connected with the practice of medicine.

4th. The imperfect system of instruction in our medical colleges.

These obstacles will, undoubtedly, to a certain extent, be finally overcome. They are all, however, so intimately related with each other, and are so closely dependent upon the character of our national habits and the spirit of our institutions, that change for the better must, necessarily, take place very slowly. It would be difficult to state just where the chief fault exists. We are confident it does not rest with our medical colleges alone.

We believe these institutions, in view of the manner in which nearly all institutions of learning in this country are developed and supported, and in view of the difficulties they encounter, accomplish, upon the whole, as much for the educational interests of the profession as can reasonably be expected. The average standard of mental capacity and acquirements of the members of our profession engaged in public instruction, is certainly much above that of those not thus engaged. The duties of our medical teachers, as a class, are faithfully discharged.

We believe, moreover, nearly all our medical colleges, however imperfect the result of their labors may now be, will become institutions of which our profession may well be proud.

It should be remembered that medical colleges in this country are, with few exceptions, private institutions, dependent upon private capital for their origin, and dependent for their support upon the fees received from students. In almost all respects, our colleges are fully equal to the demands of the class of students who attend them.

It is doubtful whether, at this day, any of our medical colleges, thus dependent upon private capital, would secure the attendance of a sufficient number of students to keep it in existence, if every pupil was excluded who was found, after a fair examination, absolutely deficient in his preliminary education, and who could graduate only on passing a reasonably rigid examination by a board of competent physicians not connected with the college.

The courses of instruction are as long and as thorough as the resources of the majority of students will admit. A large proportion of them are unable to attend "summer courses," but are compelled to pursue their studies during the interval between the courses of lectures, under the direction of physicians in active practice. They have an opportunity of observing a large number of cases under the charge of their instructors, and are often called to assist in surgical operations, in dressing wounds, in applying bandages and splints, and in attending and nursing the sick. Under the guidance of their preceptors, they gain a knowledge of auscultation and percussion, and the other modes of diagnosis. Students who thus spend eight months of the year in acquiring a knowledge of the "practical parts" of their profession, are, really, receiving clinical instruction.

From quite extensive acquaintance with students of medicine, we are led to believe they are disposed to devote their time to the "practical parts" of medical science, to the neglect of the so-called "theoretical parts"—of physiology, histology, and pathology. For students who have been eight months in the year receiving clinical instruction, under the direction of pre

ceptors, we believe the advantages of clinical lectures during their first two years in college are much overrated. The welfare of such students really requires that their attention, the first two courses in college, should be especially directed to those branches which are too often regarded as "unpractical."

If they attend regularly the lectures on anatomy, physiology, chemistry, and materia medica, and spend sufficient time in the dissecting room to learn, by careful observation, the anatomical character and relations of every tissue and organ, and, with this labor, read appropriate works on these subjects, they have little time for clinics at the hospital.

It is unnecessary to dwell upon the importance of a good preliminary education for young men about to enter upon the study of medicine, and yet it is difficult to say how much or how little knowledge of the languages and of the sciences are requisite. Our colleges are, undoubtedly, slowly raising the standard of scholarship of the classes which take the degree of doctor of medicine. We do not believe, however, any radical improvement in the system of medical instruction, as regards the preliminary education of the students admitted into the schools, the mode of teaching, or the examinations for a degree, will take place, until the people of this country take the same interest in the medical colleges which they have in our literary colleges and in our scientific and theological schools. Would not well-directed efforts on the part of our colleges, of our medical journals, and of the profession generally, turn the attention of the public and of our wealthy citizens to the importance of encouraging thorough medical education.

While most noble bequests and donations have been made to other institutions of learning and to hospitals, comparatively little has been given to medical colleges. When we consider the important duties performed by the medical profession, in every civilized country, and how dependent upon the knowledge and skill of physicians mankind is for the relief of suffering, for the preservation of the public health, and the prolongation of life, it is scarcely explicable why benevolent men, of unbounded wealth have not more largely contributed to the

establishment and support of colleges for the education of physicians and surgeons. We hope the time will come, when some generous man, of princely fortune, mindful of the unspeakable blessings which medical science can confer upon mankind, will supply the means of constructing and endowing a medical college equal to the actual wants of the present time. We can readily conceive of such a college—a noble edifice, as beautiful in structure as it is well adapted for its purpose; its lecture-rooms large and attractive; its museum rich in everything that can illustrate the condition of each organ, in health or disease, and containing specimens of every article in the materia medica; its laboratory supplied with ample apparatus for teaching chemistry; its library filled with valuable works in every department of medical science; and its extensive dissecting room supplied with every convenience for teaching practical anatomy and operative surgery.

A sum of money equal to a-third of a single bequest which has been made in this country for a noble charity, would be sufficient to establish such a college and endow every professorship.

The course of instruction should continue through a period of three, if not four, years, each year being divided into two terms of twenty weeks each. The mode of instruction, especially during the first two years, should be almost entirely confined to the systematic study of suitable text-books and *recitations*, precisely as in our literary colleges. There is nothing, either in the kinds of knowledge sought by the students in our colleges, or in the mental capacity and training of these students, which renders it more advantageous for them to receive, passively, instructions by lectures, rather than to be obliged to study stated lessons till they are able to recite them. There should be but three or four such exercises each day, and, possibly, in winter but two, thus giving the members of the class ample opportunity to dissect. Anatomy, physiology, and chemistry are sufficient to occupy the undivided attention of the class during the first year.

There are excellent text-books in each of the other branches

of medicine, small enough, and yet sufficiently comprehensive for beginners, which could be carefully studied and recited through during the second year. The third year would then remain for a general review of each subject, and for clinical instruction. Students could be admitted to the classes of any term, provided they passed a satisfactory examination in the studies pursued during the previous terms.

The introduction of such a plan of education in our colleges, with the means now at their control, must be considered, practically, as an impossibility. But in an institution amply endowed, as we have supposed, a sufficiently large faculty of learned physicians, experienced in lecturing and clinical teaching, could be supported with but a small fee from each student in addition to the endowments of the professorships. The recitations could be conducted by teachers corresponding to the tutors of our literary colleges. While the number of medical men who are able to instruct students in all respects acceptably by lectures is comparatively small, there are in every city many young practitioners who have, in their early life, enjoyed considerable experience in teaching, and who are eminently capable of conducting classes in the recitation room, through our best medical text-books. There are many such young men, who could not only teach most acceptably, elucidating obscure points and explaining the relation of important facts in the different branches of medicine, but who, for the purpose of training themselves for medical teaching and for general self-improvement, would willingly, for a comparatively small fee from each student, devote an hour daily in performing the duties of medical "tutor."

The advantages of this mode of instruction are apparent. The student is obliged to study carefully and impress upon his mind the subjects he is learning, in order to appear creditably in the recitation room. He acquires the habit of expressing his ideas definitely and in scientific language in the very act of reciting. It is also incalculably more advantageous to the student to be compelled to perform with his own hands, under the guidance of his tutor, the various operations required in prac-

tice, than simply *witnessing* their performance. Every student should, therefore, be obliged to spend an hour a day, for a sufficient period, in applying the various kinds of splints and bandages to different portions, either of suitable models or of the human subject; he should practice his sense of touch and hearing in palpation, auscultation, and percussion of different portions of the healthy body; he should frequently inspect the throat and ears, for instance, of individuals in health, and in all these exercises he should always be required to describe, minutely, each portion of the organs examined. Each student should have the opportunity of applying obstetrical instruments upon suitable manikins of the pelvis and fœtus. When possible, the instructor should remove the pelvic viscera from the female cadaver, and place within the pelvis a fœtus, in different positions, for the student to examine per vaginam, and thus educate the finger in detecting the sutures, fontenelles, and other portions of the fœtus. In this way, the operations of turning and of applying the forceps can be repeatedly performed by the student, who can thus, most certainly, better prepare himself for the performance of these operations in actual practice, than by simply listening to descriptive lectures. Whatever objections there may be to this mode of teaching medical science, we believe the greatest good to the greatest number of students would be ensured by its general adoption.

We have thus far regarded the labors of the student, simply as they are preparatory to the study of disease. These preparatory studies are sufficient to enlist his whole energies, at least one or two years. As it is the great object of these studies to fit the student for the acquisition of a knowledge of everything connected with morbid phenomena and of the effects of remedies, every qualified student and practitioner should have access to the wards of a hospital.

The bedside offers, perhaps, the most important field of labor for the medical teacher. Even now, the reputation of medical colleges depends, in a very great measure, upon the facilities the students enjoy for clinical observation. We believe, however, that the present mode of instruction at the bedside should

be somewhat modified. The clinics should be given daily, and the number of students admitted to any ward at one time should be limited.

Increased facilities for small classes to secure private clinical instruction from the resident physicians of our hospitals would be desirable. In this way, advanced students and practitioners desirous of reviewing certain studies, could secure more satisfactory opportunities of practicing auscultation and percussion, and of examining at leisure cases of syphilis, diseases of the eye, skin, and special organs.

Utopian as may seem the plans of medical instruction above delineated, we believe the time will come when the means necessary to render their adoption practicable will be provided, either by liberal bequests and donations from our wealthy men, or by grants from the State.

Moses Gunn, A.M., M.D., lately elected to the Chair of Principles and Practice of Surgery and Clinical Surgery, vacated by the death of Prof. Brainard, scarcely needs any introduction to the medical profession of the North-west. From the organization of the Medical Department of the University of Michigan, he has filled the same chair in that institution, and its success and popularity have been largely due to the ability with which he has discharged its duties.

Prof. Gunn gave the first systematical and complete course of anatomy ever given in Michigan, some three years or more before the organization of the Medical Department of the University. His lectures upon the cadaver were attended by a class of some thirty medical students, and also by a large number of scientific and professional gentlemen. These lectures secured him the position in the University which he has continued to hold from 1850 down to the present session of the Medical Department, where he is at present lecturing to a class of over five hundred students.

Notwithstanding this large attendance, and whilst still at the zenith of his popularity in the institution, he has recognized in full the wider field for usefulness afforded in Chicago, in ac-

cepting the appointment in Rush Medical College, and will remove to this city early in the ensuing spring, to enter upon the active duties connected with his new position, and the surgical requirements of the North-west.

The writer of the present notice, who has known him long and intimately, ventures, over his initial, to write thus:—

Prof. Gunn's success, as a surgeon and teacher, has been secured by his exceedingly minute and accurate acquaintance with anatomy, combined with exquisite sagacity in diagnosis; a cool head; steady muscle; and great mechanical genius. He is never at a loss for apparatus, and invents models which would make the fortune of a patent right dealer, off hand. His straps and splints, springs and bandages, *et id omne genus*, always fit the variety of the species, and not merely the class or order. He has peculiar skill in the use of the knife, but rather secures success against the chances of failure by careful attention to those indispensable details which, too often, being neglected cause "brilliant operations" to be succeeded by ignominious results.

Dr. G. was, for about a year, connected with the Army of the Potomac, when disease was most virulent and wounds the most frequent, in the bloodiest and deadliest days of the ill-starred first peninsular campaign. But to such an extent did his arduous labors exhaust his system, that he was obliged to return to his post as a teacher. His physical health has scarcely yet recovered from the shock then received, but the widened experience thus gained in *his* possession becomes invaluable.

Upon the basis of a thorough general education, he has built up an enviable structure of professional knowledge. Fluent in speech, whether in the vernacular or the German, he is equally at home in private conversation or in the crowded lecture-room. With somewhat rapid enunciation and great energy of style, he combines a methodical and exhaustive arrangement of the details of his subject, which is developed with impressive clearness and exactness of language. Personal and professional popularity has thus far attended him, and, the writer believes, will be added to by the present change in his relations. Still in the

prime of life, with a commanding and powerful *physique*, untiring energy and earnest devotion to his profession; with Chicago and the great North-west for his field, and Rush Medical College for his forum, he has a career worthy of his efforts before him.

A.

Rush Medical College.—The closing exercises of the Twenty-Fourth Annual Session of this institution were held in the lecture-room of the college on the evening of January 30.

The address to the graduating class was delivered by Prof. E. Ingalls, and will be given in our next issue. It was a most excellent production, replete with valuable advice, which not only students but also physicians long in practice, would do well to follow. The degree of doctor of medicine was conferred upon 72 members of the class, by Prof. Blaney, recently elected to the presidency of the college, made vacant by the death of Prof. Brainard. The honorary degree was conferred upon Dr. David Prince, of Jacksonville, and Dr. Ezra S. Carr, of Madison, Wisconsin. We have been informed by the Secretary of the College that the class in attendance was never before so large as during the past session.

Prof. M. Gunn, M.D., of the Medical Department of the University of Michigan, has accepted an appointment to the Chair of Surgery made vacant by the death of Prof. Brainard.

A professorship of Surgical Anatomy and Military Surgery has been created, to which Prof. Edwin Powell has been elected.

Settlement of Physician's Accounts.—The Secretary of War orders that paragraph 1,308, Revised Regulations of the Army, be modified so that a physician's account of pay due, in the ordinary form of an officer's pay account, shall be presented to a paymaster for payment, vouched for by a certificate thereon by the commanding officer that it is correct and agreeably to contract, and that the services have been duly rendered, which certificate he will not make unless the contract has been approved by the Surgeon-General or the Medical Director of the Department.

MORTALITY FOR THE MONTH OF JANUARY.—The subjoined is the mortality report of Health Officer Bridges for the past month:—

CAUSES OF DEATH.

Accidents,	3	Fever, Remittent,	3
Bronchitis,	1	Fever Purperal,	1
Burned,	1	Fever, Scarlet,	21
Cancer,	2	Fever, Spotted,	1
Childbed,	8	Fever, Typhoid,	11
Colic,	1	Fever, Congestive,	1
Congestion of Brain,	3	Hydrocephelus,	3
Congestion of Lungs,	2	Inflammation of Brain,	3
Consumption,	40	Inflammation of Lungs,	10
Convulsions,	38	Inflammation of Bowels,	3
Croup,	11	Inflammation not stated,	3
Cold,	1	Killed,	1
Diabetes,	1	Old Age,	11
Disease of Brain,	1	Pneumonia,	1
Disease of Bowels,	1	Poisoning,	1
Disease of Heart,	6	Phthisis Pulmonalis,	2
Disease of Kidneys,	4	Rheumatism,	1
Disease of Liver,	2	Stillborn,	22
Disease of Lungs,	4	Scald,	1
Disease of Spine,	2	Small-Pox,	1
Diarrhœa,	4	Suicide,	2
Diphtheria,	8	Teething,	12
Delirium Tremens,	2	Whooping-Cough,	10
Dropsy,	5	Unknown,	20
Erysipelas,	2		
Epilepsy,	1	Total,	299

AGES OF THE DECEASED.—Under 5 years, 157; over 5 and under 10 years, 15; over 10 and under 20, 11; over 20 and under 30, 28; over 30 and under 40, 32; over 40 and under 50, 22; over 50 and under 60, 6; over 60 and under 70, 12; over 70 and under 80, 6; over 80 and under 91, 1; unknown, 9. Total, 299.

NATIVITIES.

Chicago,	156	Germany,	44	On the Sea,	1
Other States,	39	Ireland,	28	Unknown,	5
Canada,	5	Norway,	3		
Denmark,	1	Poland,	1	Total,	229
England,	12	Scotland,	4		

DIVISIONS OF THE CITY.

North,..... 93 | South,..... 87 | West,.....119 | Total,..... 299

Total number during the month of December, 309

Total number last year for the month of January, 292

PROPOSED NEW HOSPITALS UPON RANDALL'S ISLAND, NEW YORK.—At a semi-monthly meeting, in December last, of the Commissioners of Public Charities and Correction, it was decided to establish a hospital for incurables at the alms-house on Randall's Island. The architect of the Board also received orders to prepare a design for an insane hospital capable of accommodating eighty persons.

THE

CHICAGO MEDICAL JOURNAL.

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ORIGINAL CONTRIBUTIONS.

Extirpation of the Entire Thyroid Gland. By E. L. MARSHALL, M.D., Keithsburg, Mercer Co., Ill.

In your Journal for December last, I find the report of a case of removal of one-half of the thyroid gland, by Prof. Wm. Warren Greene, being the third instance (so far as my own information extends) of this operation having been successfully performed in America. Dr. Geo. McClellan, Sr., of Philadelphia, is said to have succeeded in a single instance, (his being a single lobe only,) and my own, performed Jan. 18th, 1852, comprising the entire gland, with Dr. Greene's more recent case, of August 19th, 1866; all of which patients have had good recoveries. I am unaware, at this time, of there being a single case of a fatal or unsuccessful operation in this country.

In view of the anatomical relations concerned in this operation, it is not surprising that leading men of our profession should be slow to recognize the propriety of any attempt at ablation of that body. Prof. Sam'l D. Gross says:—"Thus, whether we view this operation in relation to the difficulties which must necessarily attend its operation, or with reference to the severity of the subsequent inflammation, it is equally deserving of rebuke and condemnation. No honest and sensi-

ble surgeon, it seems to me, would ever engage in it." And that daring surgeon, Prof. Mott, in his lectures, was accustomed to speak of the operation in about the same emphatic terms.

In Europe, we find that the operation has been had in quite a number of recorded cases, a fair proportion of which seem to have resulted favorably. It is nothing very surprising that, in the time of Albucasis, a patient should have died of hemorrhage, or that the young lady mentioned by Palfin succumbed during the operation, from the same cause; that one of the patients cited by Gooch perished, exhausted, at the end of eight days, and that the other was saved by assistants, who relieved each other for the space of a week, in order to compress without intermission, by means of their fingers, all the arterial branches which had been opened; though an officer, whose history is given by Percy, also perished from hemorrhage, and that the operation performed by Dupuytren resulted fatally in thirty-five hours. The instances of that operation, by the French surgeons Freytag, Theden, Desault, Giraudi, and Fodere may teach us something of the hazards of the operation, still, I cannot fully endorse the sweeping terms of condemnation with which many of our eminent writers have sought to discourage all attempts to ablate this gland. Since, in contradistinction to the unfortunate cases referred to above, we have the fact that of the French surgeons, Peckel and Ravaton performed it with success in several instances, and Vogel has been no less fortunate. Græfe succeeded in saving two of his three patients. Indeed, I think it safe to say that no greater proportion than one to three of our reported cases have perished during, or from the effects of this operation. Is it not true that the operation is more generally condemned from the fact that it is so seldom necessary, expedient, or justifiable, than for the reason that it is more hazardous than many other of our capital operations—as amputation at the hip-joint, exsection of the knee and ankle-joints, trephining cranial bones, hysteriotomy, ovariotomy, etc., etc.? If so, we must then confront the question, as to whether the operation ever becomes necessary, from the circumstances investing the case and condition

of the patient. Dr. Warren Greene tells us that his patient suffered greatly from pressure upon the organs of respiration; "was unable to lie down; required constant watching, during hours of broken sleep, lest she should die of suffocation; that she suffered much from headache and giddiness, and that she could not stoop without losing her consciousness." All of these symptoms had been gradually increasing, and for the last two months, an almost daily aggravation had been noticeable." Dr. Greene does not inform us as to whether this case had been submitted to judicious treatment prior to his observation, on the 19th of August, 1866, but in the absence of such history, we must infer that his patient, Mrs. Klopf, had availed herself of the best obtainable medical advice, and that she had been subjected to such treatment as is usually successful in the management of goitre.

Again, he says, that "Profs. Ford, Palmer, and Storer, and Drs. Smith, Brewster, and others, examined her; and all agreed that a few days, at most, would terminate her existence, while the thread was liable to snap at any hour." Dr. Greene has furnished us with a strong case—one that will be twice read before the most cautious of our surgeon friends would be willing to assert that Dr. Greene was not justifiable in giving to his patient the last and only resource left to her through our profession.

I have taken the liberty of referring to Dr. Greene's case the more in detail, for the reason that it is a parallel one to that of which I now propose to give a history.

My patient, Mr. John Mank, now residing at Bridger's Corners, Mercer Co., Ill., had consulted a number of eminent surgeons, among whom were Profs. Mussey and Joseph N. McDowell, also Prof. Brainard, and S. S. Cooper, of Peoria, all of whom, after an examination of the case, gave it as their opinion, that an operation for removal of the gland might, eventually, become justifiable. To my own knowledge, Mr. Mank has been, from time to time, through a period of many years, subjected to vigorous treatment, with reference to absorption of the tumor, all of which had not even checked the progress of the morbid growth.

Referring to my notes, I find that on the 12th of January, 1852, the patient had for three months been unable to lie down, and required constant watching to save him from suffocation; was subject to spasms of great dyspnœa; constant headache; had twice had convulsions from attempts to lie down; was mentally despondent, declaring that he preferred death to such an existence. After making a full statement of the hazards incidental to extirpation, it being the only resource left upon which to fall back or recommend, I left it with himself for decision. He promptly requested me to undertake the removal of the tumor. In this decision I had the happiness of having the concurrence of Drs. Adam Clandaning and A. B. Campbell, whose valuable counsel and assistance I here take the occasion to acknowledge.

The patient, Mr. Mank, aged 40, a gentleman of high order of intelligence, and, previous to his health having been impaired by his present affliction, a man of great muscular power, possessing a high order of moral courage—such courage, indeed, as I have seldom, if ever, witnessed in any other person.

The patient, declining the use of an anæsthetic, took his position, (agreeable to his own request, in an arm-chair,) and I proceeded to operate, by making an incision through the median line, commencing a few lines above, and completing as much below, the lower border of the tumor. This wound I transformed into a crucial incision; detached the flaps and dissected them down to their base; fleshy fibres that were not easily pushed aside were divided transversely, until the entire superficial surface of the body was exposed. I now separated the tumor from its bed, by dividing the several fasciæ on the director and tearing up the areolar tissue with the finger and handle of the scalpel, until the base of the gland was freely exposed. There was but little hemorrhage from the superficial vessels of the tumor, and none that required especial care, save a couple of small arteries that were found lying alongside the thyro-hyoid muscle, imbedded in the cellular lamella. These were ligated—they were, perhaps, branches of the lingual or maxillary arteries. The pedicle of the tumor being reached, I

found each lobe to be supplied with two arteries (the superior and inferior thyroid). Each portion containing a vessel was surrounded by a heavy ligature of loosely twisted saddlers' silk. The inferior arteries were now sealed, without any disturbance of organic function; but on attempting to tighten the ligatures of the superior vessels, we were met by a difficulty that was well-nigh fatal to our operation. This occurred incidental, as I believe, to pressure upon a branch of the great sympathetic, the pneumo-gastric, the glosso-pharyngeal, or fibres from two, or possibly all three, of those important nerves. Be that as it may, on any attempt to ligate those vessels, the patient suffered from severe paroxysmal cough, labored breathing, and a lessening of the force of the heart's action that was truly alarming. As we could not hope to be able, under the circumstances, to find and exclude the small, thread-like fibre from the ligature, we did that which I believed to be the next best thing in the premises—to destroy the functional integrity of the nerve; this was done by tightening the cord and holding it firmly so long as the patient was able to endure and live, when it was loosened and the interrupted organic functions were allowed to resume something of their normal condition. This required but a few minutes, and here was witnessed a heroism upon the part of Mr. Mank that was truly sublime. Nothing daunted by the peril, so well understood by himself, he was always ready, after his brief rests, to request that the work of nerve-crushing might be resumed.

After several efforts of this kind, I had the happiness of knowing that the difficulty was so far overcome as to admit of ligation, which was accordingly done, and the tumor was removed without farther trouble.

The wound was closed by interrupted sutures, and the patient was placed in bed, he having retained his position, as first placed, for one hour and twenty minutes. He seemed to suffer less from shock than almost any other person upon whom it has been my fortune to witness the performance of any severe surgical operations. The pulse 86, somewhat depressed; voice and breathing better than before the operation; was cheerful,

remarking to his medical friends, "gentlemen, give to yourselves no uneasiness on my account, for I shall recover." A full anodyne was given; water-dressing to the wound; and the room to be kept quiet.

Jan. 17th, 8 A.M. Found that Mr. Mank has had snatches of sleep during the night; has been awakened repeatedly by the occurrence of spasmodic cough; is beginning to expectorate a thick, tenacious mucus; pulse 95; some headache. Directed a continuation of morphia at regular intervals, with a reference to an arrest of pulmonic irritation. *9 P.M.* Has spent a comfortable day. Directed gruel, as before, with anodyne sufficient to allay cough; mucilage for drink.

18th, 8 A.M. Patient passed a bad night, in consequence of cough and labored respiration. Inspiration 40 per minute; pulse 102; some headache. Ordered sal. Epsom, ℥j.; morphiæ sulph., gr. j.; spt. nitrici dulc., ℥ss.; aquæ menth. ℥ij.:—dose ℥ss. at two hour intervals. *9 P.M.* Bowels have been freely moved. Expectorating freely; cough troublesome; no headache; skin moist; cheerful.

19th, A.M Has had hurried breathing while sleeping; pulse 106, compressible; appetite better; asks for other diet. Ordered potato soup and beef-tea; aconite with morphia. *P.M.* Pulse 106; inspirations 40; skin moist; tongue slightly coated with lightish fur; bowels have been freely moved during the day; has spasmodic cough, at which time large quantities of mucus are expectorated.

20th, A.M. Has spent a better night; symptoms unchanged. Ordered tinct. digitalis, in place of aconite, with which exception, treatment continued. *P.M.* No change in symptoms or treatment.

21st, A.M. Pulse 96, soft, and compressible; cough less troublesome; expectorates freely; breathing better; inspirations 30 per minute; skin moist; bowels have moved freely; urinary secretion normal; tongue as before; appetite good. Ordered chicken-water, with cracker crumbs. Digitalis continued, with tinct. ferri mur.

22d, A.M. Symptoms favorable; pulse 85. Treatment continued.

From this time forward, until the *25th*, nothing occurred of any special interest, either in point of symptoms or of treatment. The general management was, as before indicated, rather aimed at correcting troublesome symptoms, than to any preconceived plan of medication. The water-dressings were continued. On the evening of the 25th day, during an unusually severe paroxysm of coughing, a sudden gush of arterial blood announced the fact of secondary hemorrhage from one of the large vessels of the pedicle; this was immediately controlled by the nurse, who had been previously instructed how to act in case of such emergency. On seeing the patient, I applied an astringent powder, suggested by Prof. McClellan, Sr., Philadelphia, consisting of tannic acid, pulv. gallici, and g. acaciæ. This, together with small pledgets of lint, used as a compress, served to control the bleeding perfectly, the wound now suppurating kindly and fast filling up with granulations.

No farther accident marring the progress of cure, the condition of the patient steadily improved; the ligatures had all come away, without farther hemorrhage, by the fifteenth day; and on the twenty-fifth day from the date of the operation, Mr. Mank returned home to his residence, some twenty-five miles distant in the country, the wound being almost entirely closed, and he able to walk without much fatigue.

The tumor, when examined, was found to be hard, firm, with cartilaginous deposits, and weighed one pound eleven ounces, avoirdupois.

I would especially invite attention to the fact that, in the case of Mr. Mank, the only serious difficulty encountered during the operation, was in the dissection of the nervous communication between the gland and nervous centres, while in Dr. Greene's case, no such trouble was had, neither have I any knowledge of any such barriers to the successful execution of the operation being encountered by any other party attempting the extirpation of this gland; while all refer to the fearful hemorrhage incidental to the rupture of delicate superficial veins, spread like a network over the body. In my own case, the walls of those vessels were sufficiently firm to admit of careful dissection, without risk to their continuity.

Query.—Was this case simply one of anomalous distribution of nerve fibre, or have my professional friends been more fortunate, in having excluded them from their ligature? I believe that the former proposition is the correct one, since I have not touched a cadaver since that time, in which I have not made search for nerve filaments in that part, and, as yet, have been unable to trace a single filament into that body.

In conclusion, I would observe that the patient is still living and in the enjoyment of almost perfect health, having scarcely had a day of illness since his recovery from the loss of his entire "thyroid gland," now fifteen years since, showing conclusively that the functions of that body are not indispensable to the healthy performance of other organic functions.

Fifteen Cases of "Cerebro-Spinal Meningitis," and their Post Mortem Appearances. Presented by CHAS. M. CLARK, M.D., late Surgeon 29th Ill. Vol. Infantry, and Chief Operating Surgeon 24th Army Corps.

Continued from page 13.

CASE X. Private John Hughes, Co. G, 158th New York Vols. American, aged 24. This man was admitted to Hospital December 22d, 1864. No previous history of the case obtained.

Symptoms on Admission.—Face flushed; respiration hurried, and talks incoherently—cannot be roused up. Pulse 120 and full; skin hot and dry; tongue slightly coated; some disposition to tonic spasm.

Treatment.—Styptic pediluvium and acetate potass.

Progress of Case.—Dec. 23. Continues unconscious; some spasm of flexor muscles. Strong enemata given him, combining antispasmodic. Pupil of eye contracted; is semi-delirious. Medicine seems to do no good.

Dec. 24. Died at 10 o'clock A.M., without any perceptible change being noticed in his case.

SECTIO CADAV. SEVENTEEN HOURS AFTER DEATH.

Body slightly emaciated, but presents good muscular devel-

opment. Rigor mortis well marked. On removal of the calvarium, the membranes of the brain present a highly congested appearance. On removal of the brain, a turbid serum, to the amount of ℥iss., was found in the occipital fossa containing pus corpuscles. The cerebellum was intensely congested, and at its base the sub-arachnoid cavity was covered with a soft yellow exudation presenting every appearance of purulent matter. This was also found in spots over the whole cerebrum. On the left hemisphere and near the longitudinal sinus the arachnoid was raised from the brain by a collection or turbid serum, about ℥ss in quantity. Cerebellum soft and pultaceous. Each of the lateral ventricles contained ℥j. of milky serum. Spinal cord congested throughout its length, but no exudations were apparent.

Chest.—Organs were normal.

Abdomen.—Nothing strictly abnormal could be discovered, except slight enlargement of the liver. Small intestines filled with fæcal matter. Bladder partly filled.

Case XI. H. Manshur, private, Co. E, 2d N.H. Vol. Infantry. Admitted to hospital February 6th, 1865. This man had been sick in the regimental hospital two weeks prior to his entry; had chill followed by fever; also had diarrhœa. On the day of his admission he was delirious—pupils contracted; tongue dry and discolored; respiration hurried; pulse 130.

Treatment.—Pulv. Doveri and quinine given him; also milk punch, together with application of cold to the head and sinapisms to the feet. Catheter passed and small quantity of urine drawn off.

Progress of Case.—Feb'y 7. Continues delirious; appears to be suffering greatly; had several involuntary dejections from bowels during the night; some spasm of the muscles and disposition to trismus. Opium, quinine, and milk punch ordered given during the day.

Feb'y 8. No change in symptoms, except that he is more quiet. Continue opii. and quinine. Applied blister to back of neck.

Feb'y 9. Involuntary dejections continue; pupils of eyes

dilated; well-marked tetanic spasm—cannot force open the jaws —well marked opisthotonos; abdominal muscles hard and rigid; some appearance of petechiæ over the body; hands and feet purplish in color and very cold. Medicine does no good.

Feb'y 10. Died this morning.

AUTOPSY TEN HOURS AFTER DEATH.

Brain.—Upon removing the calvarium, the membranes of the brain appeared extended and puffed out with fluid, except the pia mater, which was closely adherent to the brain; convolutions of the cerebrum were covered with lymph, and in some places there were large patches of pus; ℥j. of flaky serum found in each of the lateral ventricles; substance of brain much softened. The cerebellum presented the same appearances. Membranes of the cord infiltrated with serum.

Chest.—Left Lung:—Old adhesions of apex very firm and hard, and some tubercular deposit. Right lung found normal. Heart normal; but there was an anomalous distribution of the vessels leading from it, there being no arteria innominata, the right subclavian and right carotid proceeding directly from the arch of the aorta, with a space of nearly one inch between their origins.

Abdomen.—Liver slightly enlarged; gall-bladder distended. Spleen enlarged about one-third, and had an extra lobe growing from it. Kidneys, as healthy as are generally found.

Intestines.—Colon distended; descending colon firmly bound down by adhesions old in character. Small intestines impacted with fæces; patches of ulceration found throughout the whole extent of the ileum; well marked appearance of inflammation over stomach and peritoneum generally; bladder partly filled.

Case XII. F. R. Spillen, private, Co. H, 199th Penn. Vols. American, aged 26 years. Admitted to hospital February 26th. Previous history not known. At the time of his entrance had high fever; pulse 120; tongue furred; skin dry and hot; respiration hurried, with considerable cough; eyes injected and watery.

Treatment.—Mild cathartic given; surface of body sponged over with tepid water; 10 grs. pulv. Doveri and nit. potass. given.

Progress of Case.—Feb'y 27. Passed comfortable night; bowels moved freely; eruption noticed over whole surface of body; complains of severe pain in head, and states that his lungs are very sore. Cough continues. 2 grs. opii. and 10 nit. potass. ordered given every four hours. Ice applied to head.

Feb. 28. No improvement in the case. Urine passes naturally, but scant and high colored. Same treatment continued, with addition of milk punch every hour.

Feb'y 29. Rapidly failing. Some delirium and jactitation.

March 1. Died.

AUTOPSY 24 HOURS AFTER DEATH.

Body emaciated. Rigor mortis well marked.

Brain.—On removal of the brain from the skull, ℥ij. of serum was found in the occipital fossa; great effusion underneath the arachnoid, which was considerably thickened; pia mater extensively congested with both arterial and venous blood; lymph found in abundance over whole surface of cerebrum and cerebellum, but no pus. No serum found in the ventricles; brain tissue very much softened. Spinal cord not examined.

Chest.—Lungs found in normal condition. Heart:—Considerable effusion found within the pericardium; right auricle and ventricle filled with coagulated blood; large fibrinous clot found in left ventricle; left auricle one-third smaller than normal.

Abdomen.—Liver normal; gall bladder distended. Kidneys apparently healthy. Spleen atrophied; fully two-thirds smaller than usual.

Intestines.—Congested and spotted; glands of the mesentery enlarged; ℥iv. of fluid found in the abdominal cavity. Bladder fully two-thirds smaller than normal; found empty, and its coats greatly thickened.

CASE XIII. G. W. Bean. Private Co. C, 9th Maine Vols. American, aged 24 years. Admitted to hospital January 16th, 1865, with what was considered a well marked eruption of rubeola; slight fever; pulse 98; severe cough, with pneumonic expectoration; severe pain in right side, and considerable dyspnœa; tongue red and dry. Eruption had made its appear-

ance three days before his *entree*. Made complaint of severe pain in his head and down his back. Pupils of eyes natural.

The treatment in this case was not given me by the Surgeon on duty, and all that is known concerning the progress of the disease is, that the man became delirious on the third day after his entrance, and continued insensible until the date of death, which occurred January 31st, at 3:30 o'clock A.M.

AUTOPSY, 2 O'CLOCK P.M.

Body greatly emaciated; rigor mortis well marked.

Brain.—Membranes of the brain greatly congested and distended with serum; arachnoid thickened; patches of lymph over surface of cerebrum and cerebellum. No effusion found in the ventricles; some little pus found over tract of optic commissure. Membranes of the cord infiltrated. Brain tissue softened.

Chest.—Right Lung:—Old and very firm adhesions binding down the whole lung to pleura-costalis. Upper lobe hepatized (red), and a portion of lower lobe. Left lung slightly congested, and pus found in the bronchiæ. No effusion in chest. Heart:—℥j. of serum in pericardium; otherwise normal. Liver hypertrophied one-third and mottled. Gall bladder partially empty. Spleen normal. Kidneys slightly congested. Stomach distended with gas.

Intestines.—Glands of mesentery enlarged; otherwise normal.

CASE XIV. James Kirkpatrick. Private Co. C, 199th Pa. Vols. Admitted to hospital January 20th, 1865. Symptoms on admission, treatment and progress of the disease not obtained. The man died February 2d, 1865.

AUTOPSY TWELVE HOURS AFTER DEATH.

Brain.—Considerable effusion under the membranes, and dura mater in a high state of congestion; arachnoid thickened. Over right hemisphere of cerebrum there was a large deposition of lymph; pia mater thickened, and adherent in some places to the brain. Convolutions of brain not well marked; pus found in small quantity over the optic tract; ventricles partly filled with turbid serum; brain tissue soft and easily broken down; spinal cord much congested.

Chest.—Left Lung:—Commencing hepatization in upper lobe,

and some adhesion to pleura-costalis. Other portions of lung apparently healthy. Right Lung:—Old adhesions bending down the lung firmly throughout the whole extent. Heart:—℥iij. of serum in pericardium; veins of heart greatly enlarged; substance flabby and slightly hypertrophied.

Abdome .—Liver one-third larger than normal. Gall bladder empty. Spleen normal. Kidneys healthy as usually found. Stomach:—Some signs of peritonitis. Intestines:—Considerable effusion found in cavity; whole tract congested; vessels of the omentum greatly engorged and distended. Bladder found partially empty.

Case XV. Samuel Farnsworth, Private Co. H, 10th N. H. Vols. Admitted to hospital on the evening of December 21st, with well-marked fever; pulse 120; tongue thickly coated; skin dry and burning; difficult respiration; diarrhœa, with involuntary discharges; severe cough, with free expectoration; constant pain ascribed to back of head and neck; urine voided freely, but of dark color.

Treatment.—Warm bath; pulv. Doveri.

Progress of Case.—Dec. 22. Is feeling somewhat better, but inclined to be restless. Mind rather obtuse; pupils natural; pain in back continues; discharges from bowels quite frequent. Ice applied to head; sinapism to ankles and chest; spr. Mindererus given every hour; quinine every four hours.

Dec. 23. It is apparent that medication will do no good. Some delirium; surface of body cold. Milk punch given every hour.

Dec. 24. Died comatose at 10 P.M.

SECTIO CADAV. TWELVE HOURS AFTER DEATH.

Brain.—Dura mater intensely congested, with some effusion underneath it; some lymph deposited over the lobes of the cerebellum; ventricles dry; brain tissue softened; meninges of cord congested through cervical region.

The examination of the chest showed double pleuro-pneumonia; lower lobe of left lung hepatized and slightly adherent to pleura-costalis. A grayish purulent matter exuded upon incision into the lung. ℥iv. of light straw-colored serum found in

left cavity of chest. Right lung slightly adherent to the pleura-costalis, with red hepatization throughout in advanced stage. Heart normal. Liver, spleen and kidneys apparently healthy. Stomach and small intestines distended with gas. Intestines contained but little fæcal matter. Mucous membrane congested throughout its whole extent, but no ulcerations found, except in the cœcum and lower part of the rectum, the mucous lining of these parts presenting a dark mahogany color.

The body of this man was greatly emaciated, and presented a peculiar dirty ash color.

REMARKS.

At the time this disease, which I have denominated *Cerebro-Spinal Meningitis*, made its appearance, the troops were comfortably quartered about three miles back from Varina Landing on the James River. The country was high and rolling, and heavily timbered, the soil being a mixture of sand and clay. The season had been remarkably wet, and intermittent, remittent and typho-malarial fevers were prevailing extensively. The men were also greatly and continuously exposed to fatigue and excitement, there being almost constant calls upon them for duty in reconnoitering, constructing earth-works, and fighting the enemy; and it is but fair to presume that the continual hardship and excitement that the men endured, and withal, considering that they were in a decidedly miasmatic region, were conditions that undoubtedly predisposed to attacks of this malady. Before going farther, I desire to remark that I consider the disease in mention an intensified form of typho-malarial fever, the determination being to the brain and its membranes. I do not know that I have sufficient facts to base this opinion upon; but my experience with the disease while in the army has led to this belief. In the first place, the disease seldom manifests itself, except in miasmatic regions; secondly, the premonitory symptoms are such as generally usher in typho-malarial fever, such as—feeling of general lassitude; chill, followed by high febrile action; pain in the head and bones generally; soreness of the flesh; tinnitus aurium; vomiting of bilious matters; brown tongue, with sordes; tenderness of the abdomen,

etc. Thirdly, in the second stage, internal congestion, with pallid, cold surface; sometimes an eruption; delirium or coma; tonic or tetanic spasm, etc., until death closes the drama.

Fourthly. The analogy is, I think, confirmed in the *post mortem* appearances. In making examination of cases that have succumbed to typho-malarial fever, I have found the membranes of the brain congested, thickened, and distended with serum, exudations of lymph in some places, and softening of the medulla; heart often hypertrophied, and pericardium containing serum; pleura throwing out lymph; liver and spleen engorged; gall-bladder sometimes distended, sometimes empty; intestines congested; glands of mesentery enlarged, and sometimes well-marked ulceration.

Fifthly. In the treatment, tonics, stimulants, revulsives and counter-irritants are the only remedies that seem to do good.

It is a matter of regret that a full record of the previous history in each of the foregoing cases was not obtained, as it would not only have enhanced the interest attaching to them, but would have been more satisfactory in a practical point of view. The majority of the cases treated were not sent to hospital until the disease had made fatal progress, and there was no hope of saving the life of the patient. Some of the cases are also incomplete in the matter of giving full symptoms on admission, treatment, and progress of the disease, from the fact that the medical officers in immediate attendance neglected to note them down. In regard to the treatment given the cases that came under my notice, I must admit that it was decidedly speculative. The many agents of the materia medica, considered as applicable to the disease, were tried time and again, but without materially changing its condition or character. The remedies chiefly depended upon were full doses of quinine and opium, together with the free use of stimulants (in the form of milk punch) and counter-irritants. The fatality attending the disease was remarkable. I know of only two cases that manifested strong symptoms of the malady that recovered, and they were undoubtedly cases of mistaken diagnosis, or else extremely mild in character. I do not believe that the disease was due to epidemic influence; for, had it

been, there would have occurred a greater number of cases, out of the large number of men constituting the 24th Army Corps, many of whom were equally as predisposed, by reason of habits, temperament, diseased condition, etc., as those who were attacked.

Death from Hemorrhage. By G. B. Lester, M.D., late Surgeon 6th U.S.V. Inf'y, of Oswego, Ill.

In January, 1866, I was stationed at Denver, C.T., as Chief Medical-Officer, District of Colorado, and among the many friends made there, I found none more genial and hospitable, nor one who stood higher in his profession and as a gentleman, than the subject of the present communication. A few months previously, he had been chosen State Senator, and everything promised fair for a long, honorable, and useful life.

On the 10th of January, 1866, L. B. McLain, M.D., came to my office with a punctured wound, half an inch in extent, situated in front of the metacarpal bone of the thumb, and on a line parallel with it, passing from above downwards and backwards striking the metacarpal bone. Hemorrhage, slight and arterial, but easily controlled. I thought him very much excited from so small an injury, when he informed me that his brother had lost his life from hemorrhage following the extraction of a tooth, and he feared the same result. I saw him on the 11th. There had been no further hemorrhage; he was feeling well and was attending to his professional duties.

On the night of the 14th, he sent for me, as hemorrhage had set in, none having taken place since I saw him on the 11th. The edges of the wound were everted, and blood was oozing from it. The whole cut surface was lighter colored than natural and "frothy," hard, slightly swollen, and painful. I applied a compress and roller, suppressing hemorrhage, and left him comfortable.

15th. Sent for me before I was out of bed this morning. The wound becoming very painful in the night, he had removed the dressing and allowed it to bleed. After consultation with

Drs. Buckingham and Morrison, styptics, compress, and bandage were again applied, and graduated compression on the radial and ulnar arteries above the wrist. Pain was controlled with opium. No hemorrhage occurred now for a week, but the wound continued to enlarge and discharged a thin, sanious pus. The limb, for some distance above the wrist, became much swollen and œdematous, and not a trace of granulation or effort at repair could be discovered in the wound.

22d. Hemorrhage again set in towards afternoon, and after trying every appliance and making exploration of the hand, with a view of ligating any arteries we might discover, it was found useless.

The next day, *23d*, I ligated the radial and ulnar arteries just above the wrist, with the effect of checking the hemorrhage for about twenty-four hours. It returned on the *24th*, and, after consultation with Dr. Buckingham and others, amputation was the only means that seemed to offer the least possible chance for a favorable issue. Accordingly, amputation was performed by Dr. Buckingham, and every care taken in ligating the arteries. Reäction was well established after amputation.

25th. Hemorrhage again set in this morning from the stump. The flaps reöpened and the blood was oozing from a few arterial branches, almost capillary in their minuteness. I took them up and included them in a ligature; left the flaps open for an hour, when, everything appearing favorable, I closed them, hoping that all would now be well; but that evening there was oozing of blood, which was checked by pounded ice kept in close apposition with the stump.

29th. Stump was dressed. No adhesions had taken place in any part of the flap, but a dark, grumous clot caused it to bulge out and protruded itself beyond the surface. This was trimmed off even with the surface, and the stump was thoroughly cleansed.

31st. Stump again dressed; appearances but slightly changed; the clot beginning to break down. An injection of alum, ℥j. to ℥j. of water, was made between the flaps.

Feb'y 1st. Appetite failing, and much debility. Continued in this way, refusing all food or medicine, until the morning of the 2d Feb'y, at 4 o'clock when he ceased to exist.

Appearances of the stump after death, showed disorganization of the tissues for three inches above the point of amputation, leaving absolutely nothing but the skin and superficial fascia covering the bone. From that point, the finger would pass readily to near the elbow-joint. Drs. Buckingham, Strode, McClellan, and Gehrung were associated with me, from time to time, in the treatment of the case, and to them I was much indebted for advice and assistance.

The Medical Aspect of Iowa. By A. G. Field, M.D., Des Moines, Iowa.

By nature, Iowa has been liberally endowed. Its rolling prairies stretching out in graceful undulations, like the waves of the ocean; its beautiful rivers flowing along their deep, well-washed channels; and its perpetual breeze, scented in summer by the fragrant breath of an endless variety of wild flowers, are all characteristic. So, also, are the fine development, the health, the energy, and the vivacity of her citizens.

On the map, Iowa extends from 40° 20′ North, to 43° 30′, embracing about 3 degrees in the middle of the North Temperate Zone, and the climate is not less salubrious than is thus indicated by its position. The mean temperature in summer, is about 70° Fahrenheit, and that of winter, about 20°. Rain is almost always accompanied by a sensible diminution in the temperature of the atmosphere.

Iowa is, emphatically, a prairie state, not, however, abounding in the broad and monotonous prairie plains of her sister on the east, but in prairies of less area, which approach a level on the high lands, but become more undulating and rolling in the low lands and near the water courses. The highest prairie is, therefore, often wet and cold, and less fertile than that which is more undulating. About four-fifths of the area of the State

is prairie land, which, in summer, is clothed with the most luxuriant growth of vegetation; and if the waves of the ocean, sparkling in the sunbeams, *seem* to be clothed in sparkling gems, those of dry land *are*, *indeed*, in the more varied beauty of the endless variety of wild flowers which adorn them.

Sloughs are an interesting feature of a prairie country. In the absence of more desirable water, they furnish a supply for very many new settlers, and, although they are mere pools of standing water, they do not become stagnant, nor possessed of malarious properties. This is due, in part, to their depth, as well as to their protection from the heat of the sun by the long grass and their overhanging margins, from the tenacity of the sod, permitting, in many instances, large sub-sod excavations to be formed by the water. Slough water is much more palatable than its name indicates to a "down-easter." It has a sweetish, loamy taste, is quite free from the elements of any kind of decomposition, and, so far as I know, is not considered unhealthy.

In Iowa, there are few, if any, large tracts of heavy-timbered land to breathe out their poisonous exhalations into the surrounding atmosphere. The bottom lands are the timbered lands. The streams are all skirted with a belt of timber that, on either side, extends from a few rods to a mile or two, or more, in width.

The atmosphere is rich in oxygen, and from the large excess of vegetable life that feeds upon it, we may, perhaps legitimately infer that it is poor in carbon. I do not know that ozone has been detected in it, but have reason to believe that it exists. In my own person, respiration, in health, is from 15 to 20 per cent faster in the atmosphere of New York City than in that of Iowa, and many claim to have experienced a buoyancy and elasticity of spirit, upon coming here, that was entirely unknown to them in the Eastern States.

The almost constant prairie breeze augments the severity of the climate in winter, and renders the heat of summer less oppressive. The prevailing winds in summer are from the south and south-west; and in winter from the north and north-west.

Southerly winds are usually bland and grateful, but seldom continue long without bringing a storm, often resulting, no doubt, from the condensation of a highly rarified atmosphere. The north-westers of winter are of much severity, blowing, as they do, parallel with the course of the streams, and being chilled by the great snow regions of the mountains. Northerly winds are, next to easterly, most rare, and, when they do occur, are of very short duration. Easterly winds occur less frequently than those from any other source, and are also of short duration. They are not cold, but bring a humid atmosphere with them from the great lakes, and are more chilly and intolerable even than those from the north. Westerly winds, in summer time, are always refreshing, and they are more constant than those from any other source. All are extremely variable, and with every change in the direction of the wind, there is generally a corresponding change in the temperature of the atmosphere.

On the whole, the climate of Iowa, although subject to sudden changes, and, to some extent also, to extremes of heat and cold, is not only favorable to general health, but certainly exercises a curative influence over the scrofulous and tubercular diathesis. The constant wind exerts, also a mitigating influence over malarious influences where they exist, and endemics are almost entirely averted.

In enumerating some of the more characteristic causes of disease in Iowa and other prairie States, no allusion will be made to many of those which are confined to the cities and large, well-built towns. In these, the citizens enjoy the conveniences and luxuries of their former eastern homes, and are subject to many of the causes of disease that they were in them. But "far out upon the prairie," whither the adventurous young farmers go to *make* themselves homes, are to be found those especial influences and causes of disease to which we would allude. Here, the infirmities of old age and of chronic diseases seldom go. A very large proportion of new settlers are young and middle-aged, have good constitutions, and the "snap" of energy. Society is made up from the more healthy and ambitious people

of communities in other states and countries, each bringing the peculiar manners, customs, and mode of living of his nationality. Diversity in these things, results in diversity in the causes and complications of disease. The physician must study his patient as well as his disease.

The pneumonia which attacks a robust man who has labored all through the heat of summer and the cold of winter, is quite a different disease, considered therapeutically, from that which attacks his friend of sedentary habits just from his warm house in an eastern home. And so, too, is the dysentery of the child just from its native home in Georgia, with relaxed fibre and impaired nervous force, quite a different disease, therapeutically considered, from the dysentery of another child, whose athletic frame and smutty face speak of the privations and neglect and simple mode of living of its native new country home. In newly settled countries, common privations in living as well as in the pursuit of accustomed avocations, are met in various ways; thus originating new influences and causes of disease, as diversified almost as are the individuals themselves. And besides these, the great differences in the habits and predispositions of individuals from different States and countries, demand of the physician the most attentive observation and careful study. With this allusion to some of the causes of disease which relate to the subjects of it, we will proceed to notice some of those which more properly belong to a new prairie country. Preëminent among these may be mentioned the dwelling-houses.

Many new settlers live for a year or more in small, open, half-finished houses, of but a single room, in which to live, sleep, cook, eat, and wash, with no out-houses, and with slough water for family use, which must be carried from one to three hundred yards. That the exposures incident should result in inflammatory and other diseases, is obvious; and then, in addition to the other uses of the already over-crowded little room, it also becomes a sick room. O, how the heart has ached a hundred times in such a sick room. The only wonder is that any in it should live, to say nothing of the sick.

Other especial causes of disease result either directly or in-

directly from the great excess in the vegetable form of life, affecting in obvious ways the constitution of the atmosphere. The animal subsists by extracting the oxygen in respiration, and exhales carbon. The vegetable subsists upon carbon and exhales oxygen, chiefly; the one form of life thereby constituting the atmosphere for the subsistence of the other, and each being indispensible to the well-being of the other. The wind is constantly equalizing the proportions of the atmospheric elements; but a great excess of either form of life in a given quantity of atmosphere obviously operates to diminish the proportion of the peculiar elements upon which it subsists, as well as to increase the proportion of the elements evolved by it, however great the diffusibility of these gasses.

That this conclusion is not altogether hypothetical may derive some support from the experience of very many who in a prairie atmosphere have realized its exhilarating effect. A new energy and motion seem often given to the whole man, mentally, as well as physically, and even old people bending under the weight of many years, have been known to regain much of the vivacity and activity of early life upon removing to a prairie state, and to continue to enjoy for years a degree of health as gratifying as it has been surprising. In the absence of any demonstration by analysis, have we not some ground for the conclusion that the atmosphere of Iowa is rich in oxygen? But how far, or under what peculiar circumstances this fact may relate to disease as well as to health, we will not now attempt to determine. But if it is true that the existence of this excess of the vegetable form of life exerts an influence upon the constitution of the atmosphere, it is equally true that its sudden destruction, or the decomposition therefrom resulting, must produce other and equally important changes in it to affect the animal economy.

An autumnal frost blights in a single night the grassy domain of an hundred prairies, and reverses the whole order of nature's phenomena. The laws of chemical change triumph over those of vital change, and the living, breathing plant, becomes at once a mass of incipient decomposition, oozing at every pore

the putrid gasses of decay. But comparatively, only a very small proportion of prairie grass is permitted to undergo slow decomposition. Nature provides a more speedy and fortunate means of resolving it back into the original elements, in the great prairie fires that sweep, and sometimes with thundering fury, over hundreds of square miles in a single day, and continue their devastating march for days and even weeks without abatement. The result is that large quantities of smoke, and vapor, and carbonic acid gas, are suddenly liberated into the atmosphere to pervert and disease the functions of animal life. Coincident with the occurrence of frost and of prairie fires, begin also the more serious cases of autumnal diseases, dysentery, cholera-morbus, and intermittent and remittent fevers. These fevers generally evince a marked tendency to the typhoid form of disease if not arrested early, although idiopathic typhoid fever rarely if ever occurs. We are accustomed to call the typhoid form of disease typhoid fever, simply because it is convenient to do so. Other causes no doubt are largely concerned in the production of these diseases, even in Iowa, but because of their universality we make no allusion to them in this article. Another means by which a large amount of prairie grass is caused to undergo decomposition every year, is by "prairie breaking." The sod, which is a dense mat of vegetable matter and earth, from three to six inches in thickness, as well as the luxuriant growth of the season, is caused to undergo decomposition in summer time, and as a consequence a malarious emanation is evolved. All over our young State, the energetic farmers are every year making large inroads upon the "raw prairie," with the prairie plow. That this decomposition is a fruitful source of malaria, is evident in the fact that families living near recent breakings, during a summer and autumn, seldom escape malarious disease. I think I have never known a family to escape, who lived near by, and north or east of, a large breaking during a summer. In Iowa, malarious poisoning, from whatever source originating, does not occur in the malignant or intensified form that it does in some malarious districts in other States; but wherever there is heat, moisture,

and decomposing organic matter, we may expect to have malaria in greater or less amount, and if Dr. Salisbury's doctrine be true, perhaps we may regard even it as an example of nature's provident goodness, exhibited in an effort to again tie up into organization the elements which have just been set at liberty, and which are so detrimental to the perfect well-being of the animal economy. The water courses, as a source of such emanations in Iowa, are not sufficiently dissimilar from those of other States to deserve much consideration. They have, generally, high, abrupt banks, and are skirted with belts of timber to drink up, to a great extent, the elements of their miasmatic emanations. But bottom lands, subject to overflow, as well as swales and pools of standing water along the course of, and near, the streams, are a very common source of miasmatic poisoning, and families exposed to either of these in summer time seldom escape.

The causes of inflammation, to some of which allusion has already been made, are, perhaps, more numerous and more potent for evil than are those of any other class of diseases. They occur most abundantly in winter and early spring, but from the very nature of the conditions upon which they depend, they are in perpetual operation. These are, firstly, a predisposition by the plethora and the habits of a large majority of the people. Secondly, exposures incident to small, unfinished, and insufficient houses; and, thirdly, the sudden reduction of the temperature of the atmosphere, by the frequent changes in the course of the wind. Of this class of diseases, the following may be mentioned as most common, in the order in which they are enumerated, *viz.*:—Catarrh, pneumonia and pleuro-pneumonia, croup, conjunctivitis, erysipelas, meningitis, gastro-enteritis, etc. Like malarious diseases, some of these also have a marked tendency to assume the typhoid form early, and although decidedly sthenic in the onset, the antiphlogistic treatment is required with exceeding caution in very many instances, while others will not bear it at all.

Epidemics have nothing peculiarly characteristic in them. What may, I believe, be said of all epidemics, is especially true

of those which have prevailed in Iowa, *viz.*:—that the first cases are attended with the greatest fatality, with a decreasing ratio in proportion to the length of time which they prevail. The diseases which have most frequently assumed this form are, diphtheria, dysentery, erysipelas, and scarlatina. Diphtheria has prevailed with much fatality, especially with small children, in the last five years. Cerebro-spinal meningitis, in some localities, has also been attended with much, and even greater, fatality, in proportion to the number of cases, than any other disease of which I have any knowledge. The first epidemic of it occurred in the winter of 1863–4, since which it has occasionally manifested itself in some portions of the State.

There is another predisposing cause of disease in Iowa, about which nothing, so far as I know, has been said, and yet which should not be overlooked. It is the want of a properly acidulated diet in spring time and summer, the result of which is, probably, an abnormal constitution of the blood. I do not pretend to know just what this abnormal condition consists of, but it has been clearly and repeatedly demonstrated that the use of acids removes it. We know that the blood does sometimes possess an abnormal alkaline reäction, and that most acids, when ingested, enter the circulation as such, and combining with the salts of soda and other bases, restore the blood to its normal constitution. We know, also, that the capillary circulation is enfeebled, and that there are other morbid phenomena which attend these cases, in hypinosis, and again the acids, especially the mineral, are restorative by increasing the fibrine and albumen, and, thereby, also the circulation in the capillaries.

Whether either of these conditions of the blood, *viz.*:—its abnormal alkalinity, or its want of a due proportion of fibrine and albumen, is the condition under consideration, we do not venture to assert; but that the change of seasons brings about a demand on the part of the bodies of both man and animals, for a change in the constitution or quality of food, and that such demand is, most happily, responded to on the part of nature by the varied provisions of her storehouse, is beyond question.

Fruits are a necessity as well as a luxury, and nature supplies them just when they are most needed, but not to the prairie pioneer, who, having ventured beyond the limits of her provident fruit garden, as well as those of his fellows, must plant, and prune, and wait for——his own.

PROCEEDINGS OF MEDICAL SOCIETIES.

MORGAN COUNTY MEDICAL SOCIETY.

The Society met at the Court House in Jacksonville, at 2 o'clock P.M., on Thursday the 14th day of February.

In the absence of the President and Vice-President Dr. Askew was appointed President *pro tem.*

The minutes of the last meeting were read and approved as printed in the JOURNAL. Drs. DeLeuw and C. A. Edgar were nominated for membership.

As no one of the individuals regularly appointed for the exercises of the meeting were prepared with papers, Dr. Malone was requested to read a paper on the Calabar Bean.

After giving its natural history, he proceeded to its action upon animals and upon the human system—when administered in the usual way—by subcutaneous injection and in other ways. Its local influence upon the eye was more particularly commented upon, and the experiments of quite a number of foreign scientific men were mentioned, and the results of those experiments were, briefly, that the local action of this drug produced first, a sensation of "strong tension in the neighborhood of the ciliary body," and second, "astigmatism or a state of irregular refraction in the eye in which the rays are not brought to one focus, but converge at different distances so as to form two linear images at right angles to each other." This peculiar condition of vision was remedied by concave glasses of proper foci. This astigmatic state existed eighteen hours after its application. Numerous experiments have proven that it invari-

ably causes prompt contraction of the pupil, and that the contraction reaches its maximum in the course of an hour.

Dr. Malone was requested by the Society to publish his paper in some medical journal.

Dr. Prince had prepared and read "the chief points in a case of forward dislocation of the tibia on the astragalus with fracture of fibula, in which at the end of nearly three months the dislocation was found still to exist, having either never been reduced or having become re-dislocated. The displacement at the end of this period was reduced and the parts kept in position by an outside splint of wood, pasteboard, and bandage. The result was a prosecution for damages against the physician first in attendance, on account of alleged malpractice (tried three years after the receipt of the injury), the jury finding for the defendant.

The doctor read the instructions given by the judge to the jury in this case.

Dr. Edgar remarked that he was much interested in the case. The suit evidently grew out of malice. The man was hunted down by his medical brethren of the same county. It arose from want of professional courtesy.

The doctor hoped that medical men would rise above their petty feelings of jealousy and rivalry, and cease to give cause to the members of other professions to hold them up as proverbially quarrelsome.

Dr. Edgar, having prepared some notes on the early history of the introduction of mercurials into the materia medica, was requested to read them to the Society, which he accordingly did. They were listened to with marked attention and interest by the Society.

Dr. Reed made some remarks upon the use of mercurials.

The Society then adjourned to meet on the second Thursday in March, at half-past 1 o'clock P.M., at the Court House, in Jacksonville.

C. T. WILBUR, M.D., *Secretary.*

THE IOWA AND ILLINOIS CENTRAL DISTRICT MEDICAL ASSOCIATION.

On the 9th of January, the following named society sprung into existence, at Davenport, Iowa:—"The Iowa and Illinois Central District Medical Association." The following officers and committees were elected and appointed. The committees are to report at the April meeting, to be held in Rock Island:

For President—Dr. Patrick Gregg, Rock Island.

For Vice-President—Dr. P. J. Farnsworth, Clinton, Iowa.

For Treasurer—T. J. Iles, Davenport, Iowa.

For Secretary—W. F. Peck, Davenport, Iowa.

Committee on Prevailing Diseases—Dr. Charles Plummer, Rock Island, Chairman. Drs. P. J. Farnsworth, Clinton, Iowa; Jas. McNeil, DeWitt, Iowa; Jas. Gamble, LeClaire, Iowa; James Witherwax, Davenport, Iowa. The Chairman was instructed, by resolution, to communicate with the city councils in this section of country, advising them to adopt measures by which epidemic diseases may be checked in their progress.

Committee on Obstetrics—Dr. Truesdale, Chairman, Rock Island. Drs. Vincent, Hampton, Ill.; Herford, Davenport, Iowa.

Committee on Surgery—Dr. W. F. Peck, Chairman, Davenport, Iowa. Drs Miller, Bellevue, Iowa; Widerman, Rock Island.

Committee on Medicine—Dr. Richardson, Chairman, Davenport. Drs. Tomson, Davenport; Graham, Bellevue, Iowa.

Committee on New Remedies—Dr. A. S. Maxwell, Chairman, Davenport. Drs. Brybee, Rock Island; Irwin, Davenport.

Committee on Phthisis Pulmonalis—Dr. Jno. Bell, Chairman, Davenport. Drs. Baker, Davenport; Lyford, Port Byron, Ill.

Dr. P. Gregg, of Rock Island, President elect, addressed the Association at some length, in language and matter peculiarly appropriate to the new organization.

Dr. Plummer, of Rock Island, read a very interesting paper on cholera, which elicited valuable discussion.

Dr. Peck will read a paper at the next meeting, on pelvic cellulitis.

The next meeting will be held in Rock Island, on the second Wednesday in April.

Lecture Delivered by DR. J. BROWN, *before the Macon County Medical Society, January 1, 1867.*

[After. the delivery of the Lecture, a resolution was passed by the Society to furnish a copy to the city papers, and both the Medical Journals in Chicago.

MR. PRESIDENT, LADIES AND GENTLEMEN:—

At a recent meeting of the Macon County Medical Society, a resolution was passed requiring the President to deliver a valedictory address before them, and that the public should be invited to attend. In accordance with that resolution I appear before you to discharge that duty. I am well aware, that to accomplish this in such a manner that it shall be both interesting and profitable to this audience, is no ordinary task, especially by one who is not in the habit of speaking in public.

The question is frequently asked, "What is the object of all these Medical Organizations; and what good is to result from them to the Medical profession, or to the general public?" I will endeavor to answer these questions as briefly as possible.

The grand and principal object of the formation of the American Medical Association, was to improve the system of medical education in the United States. Previous to the formation of this Association, there was hardly a medical school in America whose course of lectures exceeded from twelve to sixteen weeks. Many of them afforded scarcely any facilities to the student of medicine for acquiring a thorough medical education. Almost any illiterate, ignorant, or immoral young man, however destitute he might be of all the necessary qualifications to make a good physician, could easily gain access to some of these so-called medical schools, and after attending two partial courses of lectures he comes out a full-fledged doctor of medicine, to trifle with human life, and in hundreds, and even thousands, of instances during his long and unprofitable life, he becomes the murderer of his own friends and patrons.

The founders of this noble organization, were, many of them, the brightest stars of the medical profession in the United States. Great, learned, and good men—true philanthropists in the broadest sense of the term—and now behold the result of their glorious efforts, and the wonderful reformation that has taken place in American medical schools during the last twenty-five years.

In almost every State in the Union there are one or more medical schools whose professors are men of superior talent and moral worth, and will compare favorably with any of the medical faculties of the old world.

At the present day, a course of medical lectures extends to five months, in nearly all the American schools. The medical student now not only enjoys all the advantages of superior instruction; but nearly every school possesses ample facilities for dissection, large and valuable libraries, costly and magnificent anatomical museums, as well as large and commodious hospitals, with their hundreds and thousands of patients, who are afflicted with every variety of disease that can be conceived of, to all of which the student of to-day has free access. And no young man can avail himself of these innumerable advantages, unless he has gone through a very thorough course of study, under the instruction of some first-class physician. Must be a young man of the best of morals; must possess a good English education, to say the least, and he must have a certificate to this effect from his preceptor. And even this is only a partial enumeration of the great benefits resulting from the united effort of the master minds of our noble profession. This bright constellation of intellects, composed as it is of delegates from almost every State in the Republic, meet annually and discuss the great medical questions of the age, and the vast improvements in medicine, surgery, and all their kindred branches. The proceedings of the Association, including nearly all the discussions of any value, are published in the various medical journals of the country, and by this means nearly every physician, from the Atlantic to the Pacific, from the Lakes to the Gulf, may keep himself thoroughly informed in reference to all the great improvements in his profession.

The success of this great enterprise, thus far, has surpassed the most sanguine anticipations of its most ardent friends.

Next in order are the medical organizations of the various States. Each bears the same relation to the American organization that each State does to the General Government, while every State Association is composed of delegates from the various county and city societies, each and every one contributing to the general good and prosperity of the State Association.

Our own beloved State of Illinois is not behind any other sister State in promoting the great interests of medical education, and in elevating the character, general intelligence, and dignity of its physicans. Have we not the Rush Medical School, as well as the Chicago Medical College? Can we not boast of the profound erudition and world-wide fame of a BRAINARD and DAVIS, who were the founders of these two splendid schools? And we may also feel proud of the St. Louis Medical School, at whose head stands a Pope, whose fame as a surgeon is not surpassed by any on this Continent. Show me a graduate of either one of these schools, and I will show you a splendid practitioner of medicine.

A few remarks now in reference to the Macon County Medical Society.—This Society was formed in 1853, by a few of the most enterprising and skilful physicians who then lived in Decatur, they adopted a code of ethics, which was in substance the same as that adopted by the American Medical Association. This code of ethics is designed as a standard of fixed principles of right and justice in the profession, and the conduct of every true physician is regulated by it in all his business and social relations with his brethren in the profession.

The objects and aims of this association are to mutually improve its members in everything pertaining to medicine, as well as to promote harmony and brotherly feeling in the profession: both of which they are eminently calculated to produce.

From the first day of its organization, some one or more of its members have been required to read an original article on some subject connected with medicine or surgery. The merits and demerits of the paper are discussed and very thoroughly

ventilated by the society, nearly all of its members taking an active part in the discussion of the article in all its bearings. To get up a paper of this character, that shall do credit to the author, and at the same time benefit his hearers, is a greater task than might be at first supposed.—No egregious blunders or false principles can be enunciated in the presence of this body of critics. As a natural consequence, a spirit of investigation is at once excited, not only in the mind of the writer, but in that of every member of the Society. Old and new books, as well as the various medical journals of the day, are reëxamined with extreme care to ascertain, if possible, everything that is known in reference to the disease under consideration, with all its symptoms, pathology, and treatment,—and I must say in all sincerity, and without the least intention of flattering any brother physician, that very many papers have been read in the Macon County Medical Society, that would reflect credit and honor to the medical profession.

The harmony and good feeling which have so long existed among your physicians in Decatur, are universally understood and commented upon by all classes of society, and this can be attributed in a very great measure to our frequent meetings.

I have now given you a hasty sketch of the objects and aims of these various Medical Associations. Every neighborhood, hamlet, town, and city, throughout this broad land, are reaping the benefits resulting from the combined efforts of the medical profession in this great work. Is this not so? Are you not especially and very deeply interested in the character and qualifications of the physicians of this city and county? Most assuredly. Is it a matter of no importance into whose hands you place the life of your sweet babe, your lovely daughter, your noble boy, your beloved wife or husband, all that is nearest and dearest to you on earth? There is, in fact, no question of more vital importance to the interests and happiness of a family and their friends, than that of selecting a family physician. He should not only be a man thoroughly informed in all the various branches of his profession, should possess a discriminating mind, a sound judgment, but he should be a man

of refinement and general intelligence, of the most irreproachable moral character: in a word, he should be like Cæsar's wife, above suspicion.

I am fully aware that many very intelligent persons upon all other subjects, exercise but little discretion and judgment in this very important matter.

If a young man comes to Decatur for the purpose of exercising his vocation as a teacher, what are the first steps he has to take before he can gain employment? Why, he has first to satisfy the county school commissioner that his moral character is unquestionable. Before he can teach our children the alphabet or the multiplication table, he must undergo a thorough examination in all the branches he proposes to teach.

But how is it frequently in the selection of a physician? One of these itinerant mountebanks comes to Decatur, his flaming handbills precede him for weeks. No one has any knowledge of who he is, or from whence he comes; and with his infamous misrepresentations and base falsehoods he imposes upon the credulity of the ignorant, as well as many intelligent persons. No one of his patrons takes the least trouble to ascertain anything in reference to his character as a man, or his qualifications as a physician, or whether he has ever been inside of a medical school, or whether he has the least authority to practice medicine, except the license which is granted him by the city council.— Such men, ninety-nine times out of a hundred, are fit subjects for the penitentiary, and if they had their just deserts would be consigned to those comfortable quarters, pecking stone for their daily bread.

Professional brethren, I fear that we are not always true to ourselves. Have each and all of us carried out in good faith that sacred obligation which we entered into in reference to the prompt collection of our well-earned fees. I fear we have not. And why is it? Is it because physicians, as a class, can live cheaper, or, as a class, have no aspirations to live independently, and to enjoy the comforts and luxuries of life, equal to those who occupy the same position in society? No, my friends, those are not the reasons. The only true reason

that can be assigned, on the face of the earth, for this dereliction of duty on the part of the Medical profession of this county, is sheer negligence; a species of carelessness; a miserable and intolerable habit of which we, as a class, are alone guilty.

In our intercourse and business transactions with all other men of this city and its surroundings, we find none of this cowardly and sycophantic manner exhibited in collecting their just dues, from all patrons, and consequently it is expected by the community at large, that no credit can be obtained of the mechanics, grocery men, dry goods, or clothing merchants. In fact, no class of men do a general credit business, except physicians.

Now is it not strange, gentlemen, that the medical profession of even our own town, do not possess sufficient firmness and decision of character to carry out a noble resolution, when the comfort, happiness, and prosperity of their families and themselves depend upon it. Look at the nerve exhibited by proprietors and clerks of business houses in Decatur, in refusing even their best customers credit, for a few days. They will say, no, we have quit that style of doing business. If you have not the money with you just now, we will ticket it to you, and drop it into the change drawer, and you can hand it to us the next time you come in. And what is the consequence if this ticket is not cancelled in a few days? A younger clerk calls upon the debtor, and says, we would like to have that little bill, sir. And if it is not paid forthwith, a constable, in a few weeks at longest, taps you on the shoulder, and says, I have a summons for you. And if the amount is paid then to the sheriff, without any further trouble, does that individual, or any member of his family, get any more credit at that house? No, indeed, my friends. There is nothing wrong about this. It is all right, and you will unite with me in saying "amen" to this mode of doing business. And woe be unto Decatur and its bright future prospects, whenever that day comes that a general credit system is again established.

Now, on the contrary, what is the course pursued by our hon-

orable body, as business men, in this respect? In the first place, we give our whole time and best energies of mind and body, both night and day, to our patrons, not even excepting the Holy Sabbath, that glorious day of rest, with all its joys and comforts, which brings repose to all other classes of men, and even to the brute creation, but comes not as a day of rest to the weary and care-worn physician. But on the contrary, with all the grave responsibility of very many precious lives entrusted to his skill, he moves on his endless and never ending round, visiting the sick and dying at all hours, always with a smile and a sympathetic word of encouragement, administering some God-given remedy, which cools the parched tongue of fever, and lulls the pain distracted body as by some magic spell. He is frequently exposed to the hottest summer's sun, or the rain in torrents, or to the frosty elements of cold and dismal wintry nights. After doing all of this, which is but a faint picture of the hardships experienced by every true physician, do our friends compensate us as promptly as they do other men who work for them? No, indeed, gentlemen. We return weary and fatigued over long and rough roads, through mud and sleet, at the hours of one, two, and three o'clock in the morning, broken of rest, to dream the remainder of the night of the beauties and glories of the medical profession, almost feeling in our heart of hearts, that the messenger who had dragged us forth at the hour of midnight, from our comfortable beds, had conferred a great favor upon us. And we carry out this same idea by going to the office in the morning, and charging these hard-earned fees, with no expectation of collecting them for weeks, months, years, and perhaps never.—Now how is it with these same dearly beloved patrons; will they bring in a fatted calf, two or three fattened hogs, a load of bacon, apples, corn, wheat, or even their eggs, butter, chickens, or turkeys, or anything else they have to sell, and distribute them about town on credit, to even the wealthiest men? No, indeed! They must have money or its equivalent for *their* effects. One might suppose from this state of things that the health and life of a human being are of less value than a yard of calico, a hickory

shirt, a pair of stoga boots, a basket of eggs not above suspicion, or a skim milk cheese—whose inhabitants are sometimes more numerous than the city of Decatur.

Now, does not this fault, in a great measure, lie at our own doors? Most certainly, gentlemen. And what is the result of this imbecility on our part?—Poverty, embarrassment, and almost bankruptcy to the medical profession. It is not for want of skill and energy in our profession. I will venture to assert, without fear of contradiction, (leaving your humble speaker out of the question) that there cannot be found in any other place the size of Decatur, in the United States, more intelligence, skill, talent, and true moral worth in the profession. And it has been so for many years, and has been so regarded, not only by the citizens of Decatur and its vicinity, but by the State at large.

It is a fact well known to each of you, that the delegates from Macon County Medical Society exercise more influence in the State Association than those from any other, except the Chicago Medical Society.

In the early settlement of this county a tooth could hardly be extracted, or a finger amputated, by the ablest physician living in this section of country.—How does this question stand to-day? Is it necessary for any one of our citizens to leave home with all its endearments, to avail himself of the services of a POPE or a GROSS, in the hospitals of a strange city? Not by any means.—The most difficult operations in surgery, from the extirpation of a tumor, the amputation of limbs, the ligation of the deep-seated arteries, or the great operation of lithotomy can all be performed with as steady and firm a hand in this beautiful inland city, as in any other city in the Union.

Look at the appointments received by many of our physicians in the Union army. Every one of them receiving the place solicited, without a single rejection. Did one of them return home for want of skill, or on account of intemperance, or the want of ability on his part to discharge the duties of a physician and surgeon? No, my friends. Each returned home honored and respected alike by all.

Gentlemen, all that we ask is a fair remuneration for our services, as soon as practicable after services are rendered. This, I regret to say, has not been our good fortune in the past. Take, if you please, gentlemen, many of the physicians now living here, who have labored long and faithfully in this time-honored calling, for the people of this country, justly earning from forty to fifty thousand dollars during the last ten or fifteen years. And I ask you in the name of High Heaven what they have to show for it? This question I leave for you to answer. Now, my brothers, compare this state of things with the present condition of other men who came here about the same time, with but little capital, and engaged in other occupations, and what is the result? You find them building their brick and marble halls, living in fine residences, costly and elegantly furnished, their families not only enjoying all the necessaries and comforts, but all of the luxuries that wealth can purchase.

Now, we do not envy them in the enjoyment of all these things, but, on the contrary, rejoice that their efforts have been crowned with success, but believe it is high time that we, as a profession, should change our tactics, and may learn profitable lessons from those around us, in the successful prosecution of their various enterprises.

A reform should at once be established, and rigidly adhered to, in the collection of our just dues. If this were so, we would experience a happy change in our circumstances. The physician who is worthy of the name, with all the vast responsibilities of his profession resting upon his shoulders, should never experience any pecuniary embarrassment. He should never be compelled to submit to that humiliating spectacle of making himself a public beggar on the corners of the street, soliciting the amount due him from his friends. Instead of this he should be able to devote his whole time and skill to the cause of suffering humanity.

Now, gentlemen, so far as I am individually concerned, my mind is fully made up on this important question, and it would afford me much pleasure to act in concert with you all in this laudable effort to collect our just earnings.

So far as charity practice is concerned, I am not only willing to do my share, but will do it with the greatest of pleasure.

Gentlemen, language is wholly inadequate to express my feelings of gratitude and love for the extreme kindness and forbearance which you have manifested towards me, since I have had the honor of presiding during the deliberations of this Association, for the past year.

When I commenced addressing you, I did not design saying so much on this subject, but it is one upon which I have felt very deeply and sadly, and if I have wearied your patience, I ask your pardon.

EDITORIAL.

Valedictory.—Circumstances having arisen, which render a change in the editorial management of the *Journal* desirable, we once more resume our position in the immortal army of subscribers to the medical literature of the land. With naught but pleasant memories of the duties and the relations which pertained to our official term, and with the best of wishes for the prosperity of our successor, we surrender the keys of the *sanctum sanctorum* of the Chicago Medical Journal.

H., L., & L.

The Editor's Salutation.—In resuming the editorial pen, laid down a little over three years' since with sensations of relief from high responsibilities and arduous labors, the undersigned admits a feeling of embarrassment in re-introducing himself to his journalistic audience. Unexpected events, some melancholy and some joyous, thrust the position upon him with a rapidity which yet disorders respiratory movements.

A considerable proportion of the present number of the Journal had already passed through the hands of the compositors before this consummation was reached. Suffice it to say, that the new editor would not have again mounted the tripod had he not received the most satisfactory assurances of assistance, in filling the pages of the Journal, from profes-

sional gentlemen, thoroughly competent both to interest and instruct.

On the part of the editor—neither zeal, time, nor expense shall be spared to maintain the JOURNAL in its proper position as the leading exponent of the profession in the North-west. Identified with that profession for the last twenty years, he does not deem it arrogance to assume that he knows much of its needs, and recognizes in full its claims to consideration. The JOURNAL will do its best to satisfy the former and secure appropriate acknowledgement of the latter.

For the better accomplishment of these ends, contributions are solicited from all who believe they have something of value to communicate.

The records of practical experience, whether in contending with individual isolated and rare cases, or with great and pervading epidemics, alike have interest to the reader.

The professional mind was never more active than now. Individuals and societies are working together for general advancement, under the sway of those broad and comprehensive views, which at once are necessary for the development and recognition of great truths, and not inconsistent with accurate and exhaustive study of the minutest details of science. To whatever it is believed will aid in this work, the pages of this journal will be opened with that catholicity of opinion which is, or should be, the crowning attribute of the profession.

To be the medium of communication between observers and thinkers; to foster the growth of organizations subsidiary to scientific investigation and instruction; to maintain legitimate medicine in its present proud superiority to all the petty and narrow "systems" which, from time immemorial, have striven to disgrace it by claiming affiliation with it—to be in the vanguard of those who are most earnestly attacking the domain of the unknown with determination to let in the light of knowledge to its dark and waste places—these will be among the prominent objects which the JOURNAL proposes to itself, and wherein it hopes to be fully sustained by the coöperation of its intelligent and enlightened readers. J. ADAMS ALLEN.

BOOK NOTICES.

The Science and Practice of Medicine. By WILLIAM AITKEN, M.D., Edin., Professor of Pathology in the Army Medical School, and formerly Demonstrator of Anatomy in the University of Glasgow, etc. In Two Volumes. Vol. I. 8vo. pp. 955. From the Fourth London Edition, with Additions by MEREDITH CLYMER, M.D., Late Professor of the Practice of Medicine in the University of New York, etc. Philadelphia: Lindsay & Blakiston. 1866.

Here we have the first volume of the American reprint of one of the greatest works of the time. It is not a hand-book for the use of students merely, but a work of almost encylopædic dimensions, for the information of physicians. It may well be considered the highest expression of medical thought in England at the present date. The author is richly gifted with those traits which characterize the best teachers and the wisest men. To the conservatism of age and experience, he unites the enthusiasm and the acuteness of youth. Refusing to surrender the acquisitions of past generations, he treats them, however, as capital which shall yield a hundred-fold interest under his care. His book, therefore, serves as well to stimulate the efforts of the studious, as to repress the sneers of those who would undervalue the labors of the past. An example of this may be found in his remarks upon the subject of blood-letting, while, with Alison, he believes in the good effects of bleeding in the treatment of inflammation, his opinions, with regard to the use of so powerful a remedy, are greatly modified by the teachings of Bennett.

The introductory chapters, which treat of the principles of medicine, are replete with valuable matter. The use of the thermometer in diagnosis is fully explained for the first time in any systematic work. That which, for want of a better term, may be called the *chemistry of disease*, here receives the attention which the advance of physiological chemistry demands. The progress of sanitary science is duly noted, together with many pregnant topics which relate to the diminution of disease and the prolonging of life.

From general principles, the author proceeds to the consideration of general diseases. The present volume treats of zymotic diseases. The second volume, which is soon to appear, will treat of constitutional diseases and inflammations. Commencing with small-pox, we are treated to a full discussion of the eruptive fevers. Among the symptoms of each, the temperature of the patient is made prominent, by the use of illustrative tables, such as our readers were made acquainted with by Dr. Seguin's article in our May number, last year. Passing to the continued fevers, Dr. Aitken recants his former belief, and recognizes the specific distinctions between typhus and typhoid fever. The thermometric differences between these two fevers are sufficient to disprove the notion of their identity, while affording the means of differential diagnosis at an earlier stage of the disease than has been hitherto possible. In typhoid fever, the temperature rises gradually from the normal standard, by regular daily increments of about 2° Fahr., until the height of the fever (103° to 104° Fahr.) is reached on the fourth day. The temperature rarely exceeds this point, but defervescence does not often occur before the fourth week, and is then gradual. In typhus, the temperature is greater—102° or 103° Fahr. on the first day—and it reaches 107° Fahr. on the fourth day. Defervescence occurs suddenly during the third week. "When the temperature on the first or second day reaches to 104°, or where, in a child or in an adult, the evening temperature between the fourth and sixth days does not rise to 103°, where in the second half of the first week there is considerable abatement of the evening temperature, we have in such cases certainly *not to do with typhoid fever.*"

The remarks of our author upon the origin and propagation of zymotic diseases are valuable. Granting the fact that we cannot penetrate to the primary source of a zymotic disease, he doubts the doctrine of an origin *de novo* for diseases of this class. "Plants and animals—likewise, at least, two diseases, namely, *syphilis* and *small-pox*—are certainly now known to propagate only by the law of continuous succession, whatever may have been their primary source." Filth, foul air, and

debility serve as predisposing causes, but are never the first cause of a zymotic disease. Living germs transported from the subject of disease and received into the blood of susceptible individuals constitute the only exciting cause of diseases of this class. As small-pox begets small-pox, typhoid fever begets typhoid fever, never changing its type nor appearing as typhus or any other fever. The idea that from dysentery, for example, in some way, under certain conditions, a specific disease like typhus may arise is absurd. "To urge such an hypothesis is to ignore all evidence, and to render the progress of medical science impossible." Such a view of the subject adds greatly to its simplicity.

We might continue to multiply extracts from this great work, were it necessary thus to acquaint our readers with its value. We hope that it will be thoroughly studied by every member of the profession, for this is something more than a book of symptoms and treatment. Its pages discuss the totality of disease instead of being confined to the incidents and accidents of mere bedside observation. For this reason, these volumes will ever be prized by all who regard *preventio* as something better than *cure*, by all who value the preservation of public health as well as the relief of Individual suffering.

The publishers have done their work admirably. The book is printed from clear type, on good paper, in a style that almost matches the original English edition.

For sale by W. B. Keen & Co., Chicago. L.

To Correspondents.—A large number of communications are on file, for publication as soon as time permits selection. Several, having reference to meetings of local societies, should have appeared earlier; but, having been accidentally mislaid in the transfer of the "portable property" of the JOURNAL, must be temporarily deferred. In this connection the Editor specially requests secretaries, and others, transmitting proceedings to study brevity and compactness of statement. It is the desire of the JOURNAL to properly notice the transactions of

these societies, but it is clearly impossible to print in its pages an entire transcript of their doings. Such papers, treating on professional topics, as the societies may judge valuable and worthy of publication, will be thankfully received and published, if possible; but to secure this publication it must be understood that such papers are to be placed *first* in the possession of this journal. The JOURNAL does not propose to violate the journalistic commandment: *Thou shalt not publish stale news!*

A medical paper should, in the Editor's opinion, aim to give to its readers the gist of the matter—the concentrated essence; neither the crude material, requiring evaporation, or decoction, or distilling, nor the homœopathic dilution. The tendency of all knowledge now is to condensation to pithy aphorisms, and not to expand into unreadable quartos. *Verbum sapientibus.*

Appointment.—WILLIAM LEWITT, M.D., has been appointed Demonstrator of Anatomy in Rush Medical College, in the place of R. M. Lackey, M.D., resigned. Dr. Lewitt is well known to a large part of the profession and medical students of the North-west, having for many years past filled the same position in the University of Michigan. His qualifications for the post have been demonstrated before the great classes of that institution—his executive ability being sufficiently shown in the fact that he has annually supplied and directed the labors of over one hundred dissecting classes. The dissecting rooms under his control have been models of neatness and order—it is safe to say, being in all respects, thus far, unsurpassed on the continent. No more beautiful anatomical preparations can be found than those he has personally made. An accurate and minute anatomist, a rapid and expert dissector, courteous and attentive to his classes, the College is to be congratulated upon its success in securing his services. Having enjoyed the respect and confidence of a large circle of private patients in Ann Arbor, and its vicinity, he will bring to this new sphere of effort large guarantees of successful practice, both as a physician and surgeon.

It is expected that Dr. Lewitt will remove to this city about the first of May, ensuing. Personally, and as connected with the College, the Editor acknowledges unmeasured delight at Dr. Lewitt's acceptance of the position. Meanwhile, he extends his sincerest sympathies to the few remaining members of the Medical Department of the University of Michigan.

Rush Medical College—A Voice from Cincinnati.—The little city opposite Covington, Kentucky, or rather that portion of it which, at the present writing, is above the muddy waters of the Ohio, has an always present, abiding anxiety about the welfare of Chicago—the metropolis of the North-west. Its secular press eagerly collects the garbage of the sensational reporters and items-men of the Chicago press, and retails it with a Pharisaical unction, delightful to contemplate. The untidy hamlet which the Ohio is just now vainly attempting to cleanse, has seen the sceptre of commercial supremacy pass from its trembling digits to the strong hands of this great city, and it mumbles its impotent wrath like a toothless grandam enraged at the loss of her juvenile charms. Among its later efforts in this direction we notice that it has made use of the mercurial intellect of "our Hibernian friend" of that generally dignified and courteous professional magazine, the *Lancet and Observer*. Our Celtic contemporary has had his senses sharpened by some gale from the North-west, and, like his lamented countryman, Sir Boyle Roche, 'he smells a rat, — he sees it floating in the air,' and all about Rush Medical College. He is as melancholy over it as a salivated patient at the sight of a generous dinner—(a simile, by the by, germain to Cincinnati if not Celtic.) Our lachrymose friend writes thus:—

"We regret to see our esteemed neighbors of the Rush Col-
"lege thus making so light a matter of a course of instruction.
"The present session could scarcely have afforded three months
"of lecture term! Are students and practitioners willing to
"encourage such a plan of instruction? The age and influence
"of this prominent school of the North-west should warrant it
"in taking a very high stand in all that pertains to granting
"the doctorate."

This journal benevolently rejoices in the opportunity of dissipating the melancholy which hangs around the lugubrious brow of our esteemed cotemporary.

The last session of Rush Medical College commenced Wednesday, the third day of October, 1866, and concluded Wednesday, the thirtieth day of January, 1867. An arithmetician of moderate ability can estimate the interval between these dates. If there are none in Cincinnati who can make this more than "scarcely three months of lecture term," it is advised that they borrow elasticity from their consciences and add to their intellects. As a matter of fact, the term extended to seventeen weeks, the extra week being occupied in consequence of the appropriate recess, taken on account of the sudden demise of Prof. Brainard. The usual number of lectures was given during the last session—the only loss in time to the students being two working days, which was more than made up by extra lectures during the balance of the session. As a matter of fact, no medical college in this country gave, or has at any time given, more lectures in the session of sixteen weeks than were given by the Faculty of Rush Medical College during the session of 1866 and 1867.

Are there two Dromios in this Cincinnati Comedy of Errors, or does "Our Hibernian Friend" also play the part of correspondent (melancholy again) to Prof. Gross? *Item:* "The classes are *all* small at St. Louis and Chicago."—(*Lancet and Observer*, Feb., 1867, p. 109.) Like information gained during the war from the "intelligent contraband" and "reliable gentleman," this is news, "important if true." So far as Rush Medical College is concerned, this journal begs leave to inform both Prof. Gross and his correspondent, that there was no falling off in attendance at this College, notwithstanding the derangement produced temporarily by the death of Prof. Brainard. The class, the last session, as during several previous sessions, has only been limited in numbers by the capacity of the College lecture rooms to furnish, not merely seats, but standing room. On the opening of the new college edifice, with its magnificent lecture rooms, and well-arranged and com-

modious apartments, next October, another onslaught upon the institution may be predicted, from a point upon the Ohio bottoms, which need not be more particularly specified. Until then, Cincinnati, *vale, et cura cuticulam tuam.*

Chicago College of Pharmacy.—We chronicle with great pleasure the action of the leading druggists of this City in reviving this organization. At a recent meeting, largely attended, and at which a commendably enthusiastic spirit was manifested, the following officers were elected for the ensuing year:—

President—Mr. E. H. Sargent.

Vice-Presidents—Messrs George Buck and W. H. Muller.

Secretary—Mr. James W. Mill.

Treasurer—Mr. J. P. Sharp.

Trustees—Albert E. Ebert, Henry Sweet, John W. Ehrman, William Reinbold, and Emil Dreier.

A costly and extensive collection of chemical specimens were present for exhibition, having been presented the College by Messrs. Powers & Weightman, the well-known manufacturing chemists of Philadelphia.

Permanent rooms have been secured for the use of the Association, which are open for the observation of the Medical profession, as well as the druggists of the country. We cordially endorse the language of our reporter:—

"The large attendance, the enthusiastic and hopeful spirit manifested at this meeting, augur well for the future success of the College. The other large cities of the Union—Philadelphia, New York, Boston, Baltimore, Cincinnati, and St. Louis—have their Colleges of Pharmacy. Why not Chicago? Let the druggists of Chicago have regard to their reputation for intelligence and enterprise, and see to it that the impetus thus given to their College does not fail, from any supineness or indifference on their part, to carry it forward to a high position of usefulness and honor. It is to be hoped that not only the druggists of the City, but many, also, throughout the Northwest, will feel sufficient interest to identify themselves with the

College, either as active or associate members. Copies of the constitution and by-laws can be had on application to the Secretary, JAMES W. MILL, 119 West Adams Street."

AMERICAN MEDICAL ASSOCIATION.

OFFICE OF PERMANENT-SECRETARY,
WM. B. ATKINSON, M.D.,
215 Spruce St., Philada.

The Eighteenth Annual Meeting of the American Medical Association will be held in Cincinnati, on Tuesday, May 7th, 1867, at 11 o'clock A.M.

The following Committees are expected to report:—

On Quarantine, Dr. Wilson Jewell, Pa., Chairman.

On Ligature of Subclavian Artery, Dr. Williard Parker, N.Y., Chairman.

On Progress of Medical Science, Dr. Jerome C. Smith, N.Y., Chairman.

On the Comparative Value of Life in City and Country, Dr. Edward Jarvis, Mass., Chairman.

On Drainage and Sewerage of Cities, &c., Dr. Wilson Jewell, Pa., Chairman.

On the Use of Plaster of Paris in Surgery, Dr. Jas. L. Little, N.Y., Chairman.

On Prize Essays, Dr. F. Donaldson, Md., Chairman.

On Medical Education, Dr. S. D. Gross, Pa., Chairman.

On Medical Literature, Dr. A. C. Post, N.Y., Chairman.

On Instruction in Medical Colleges, Dr. Nathan S. Davis, Ill., Chairman.

On Rank of Medical Men in the Army, Dr. D. H. Storer, Mass., Chairman.

On Rank of Medical Men in the Navy, Dr. W. M. Wood, U.S.N., Chairman.

On Insanity, Dr. Isaac Ray, R.I., Chairman.

On American Medical Necrology, Dr. C. C. Cox, Md., Chairman.

On the Causes of Epidemics, Dr. Thomas Antisell, D.C., Chairman.

On Compulsory Vaccination, Dr. A. N. Bell, N.Y., Chairman.

On Leakage of Gas-Pipes, Dr. J. C. Draper, N.Y., Chairman.

On Alcohol and its Relations to Man, Dr. J. R. W. Dunbar, Md., Chairman.

On the Various Surgical Operations for the Relief of Defective Vision, Dr. M. A. Pallen, Mo., Chairman.

On Local Anæsthesia, Dr. E. Krackowitzer, N.Y., Chairman.

On the Influence upon Vision of the Abnormal Conditions of the Muscular Apparatus of the Eye, Dr. H. D. Noyes, N.Y., Chairman.

On the Comparative Merits of the Different Operations for the Extraction of Vesical Calculi, Dr. B. J. Raphael, N.Y., Chairman.

On the Therapeutics of Inhalation, Dr. J. Solis Cohen, Pa., Chairman.

On the Deleterious Articles used in Dentistry, Dr. Augustus Mason, Mass., Chairman.

On Medical Ethics, Dr. Worthington Hooker, Con., Chairman.

On the Climatology and Epidemics of Maine, Dr. J. C. Weston.
of New Hampshire, Dr. P. A. Stockpole.
Vermont, Dr. Henry Janes.
Massachusetts, Dr. Alfred C. Garratt.
Rhode Island, Dr. C. W. Parsons.
Connecticut, Dr. B. H. Catlin.
New York, Dr. E. M. Chapman.
New Jersey, Dr. Ezra M. Hunt.
Pennsylvania, Dr. D. F. Condie.
Delaware, Dr. — Wood.
Maryland, Dr. O. S. Mahon.
Georgia, Dr. Juriah Harriss.
Missouri, Dr. Geo. Engelman.
Alabama, Dr. R. Miller.
Texas, Dr. Greensville Dowell.
Illinois, Dr. R. C. Hamil.
Indiana, Dr. J. F. Hibberd.
District of Columbia, Dr. T. Antisell.
Iowa, Dr. J. W. H. Baker.
Michigan, Dr. Abm. Sager.
Ohio, Dr. J. W. Russell.

Secretaries of all medical organizations are requested to forward lists of their Delegates as soon as elected, to the Permanent-Secretary,

W. B. ATKINSON.

THE

CHICAGO MEDICAL JOURNAL.

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ORIGINAL CONTRIBUTIONS.

A Case of Complete Prolapsus of the Rectum, Operated upon by "Smith's Method." By J. W. FREER, M.D., Prof. Physiology and Surgical Pathology, Rush Medical College, Chicago, Ill.

CASE.—Andrew S., *æt.* 32, American, presented himself in the fore part of April, 1866, under the following conditions, *viz.*:—a complete prolapsus of the rectum, which had existed, according to his statement, about twenty years, or since his recollection. On placing himself in a sitting posture, he was able to expel what seemed to be the entire rectum, leaving no sulcus between the margin of the anus and mucous membrane. The size of the prolapsed gut was 10 inches long and 20 inches in circumference, by measurement, around the middle. The mucous membrane, from long exposure, had taken on the cuticular formation—no ulceration existed, nor was there unusual vascularity.

The bowels always protruded at the time of defecation, and had to be restored by the hand, followed, for a space of time, by intense tenesmus, pain in the back, and irritability of the bladder. These painful symptoms were such that the evacuations were usually deferred until the last moment, (sometimes

"going a week or ten days without a passage,") and then had to be induced by cathartics, castor-oil being his favorite remedy. Finally, his condition was such as to totally incapacitate him for the ordinary affairs of life.

My first impulse was to advise the man to go home and bear his ills as best he could, for I could not recall either authority or precedent for any operation which might promise benefit, but that of Dupuytren's—by removing V shaped folds from the verge of the anus, and this in the almost total absence of the sphincter muscle, and in view of the enormous size of the prolapsus seemed quite hopeless. However, at the urgent solicitation of the patient, I finally consented to perform *some* operation, having not, as yet, fully determined in my own mind the method to be adopted. Subsequently, I called into consultation my friend Dr. A. J. Baxter, who has had considerable experience in the use of Smith's clamp in the treatment of internal hemorrhoids—he being the first to introduce it into this city, some two years ago. The result of the conference was, that of adopting the following operation, *viz.*:—removing by the clamp and actual cautery a series of longitudinal folds extending from base to apex of the tumor.

Operation.—April 30th, with the assistance of Drs. Baxter, Hunt, and Cole, the operation was performed as follows:—The patient being placed semi-prone, the tumor fully protruded, and chloroform administered to a degree of anæsthesia, I removed vertical folds, extending the entire length of the tumor, to the number of nine, equally distributed around the circumference of the cylinder. No untoward symptoms followed; the sloughs separated on the third day, and were evacuated without fæcal matter. On the fourth, a castor-oil emulsion was given, which caused a free movement, without pain or protrusion of the bowel, a circumstance which, he remarked, had not occurred for years. On the fifth day, he was going about the hotel, and on the seventh departed for home, by rail, a distance of 120 miles.

From this time to the middle of September, there had been no return of his infirmity. In his communications he averred that his health was restored, and, to quote his own language,

"I consider myself cured, and have resumed my avocation"—that of farming. Unfortunately, about this time, he was seized with acute dysentery, which resulted in a partial return of his former trouble. On the 28th of November, he again presented himself for another operation, which, I may briefly state, was a repetition of the first, with the exceptions of removing some pendulous folds from the verge of the anus, and also two transverse folds intersecting the longitudinal at right angles.

In the first and last operations, there were some variations from Smith's method of removing, with scissors or bistoury, the included folds of mucous membrane before applying the cautery. Finding, after removing two folds by the above method, that some hemorrhage followed, I subsequently applied the cautery at once, leaving the eschar untouched. With this modification, no bleeding followed. The cautery was applied so thoroughly that the tissues were completely charred.

Present Condition.—March 4th, I received a letter, from which I quote the following paragraph:—"I am enjoying excellent health, but it comes down a little on one side. If it gets any worse I will come in and have some more taken off."

Remarks.—So far as I have been able to ascertain, the case above related is the first of like magnitude that has been subjected to similar treatment, and, to the best of my knowledge, in cases of this kind, we have no authority for any other operation than the removal of V shaped folds from the margin of the anus, but in severe cases, like the above, where all the tunics are involved in a state of extreme laxity and mobility, the sphincter muscle atrophied and nearly or quite functionless, this operation, as shown by experience, usually terminates either in failure to give relief, or, if too much tissue have been removed, in one of the most deplorable of all conditions—stricture of the rectum.

We do not propose to discuss the comparative merits of the clamp, ligature, and nitric acid in internal hemorrhoids and trifling cases of prolapsus recti, these, as far as treatment may be concerned, having the least possible relation to conditions like the above. In these minor affections, either method is suffi-

ciently successful—favorable results almost uniformly following. But where extensive ablation of mucous membrane is required, we believe the clamp possesses the following advantages, *viz.*:—facility of execution, risk from hemorrhage avoided, and more speedy recovery—the time consumed not generally exceeding five to eight days.

Ashton, in his invaluable work on the Rectum, says:—"in some cases, on account of age, debility, or *other circumstances*, an operation cannot be performed." Now, in his report of cases treated by himself, no mention is made of any other (comparatively speaking) than minor cases. Therefore, may we not safely conclude that he refers, in the above quotation, as much to certain local circumstances of the prolapse, such as volume, relaxed condition of the pelvic floor, etc., as to general conditions of the constitution.

Gross, in his work on Surgery, speaks of a remarkable case of prolapse in the person of an adult Mississippian. He says: "the disease had troubled him for a long time, and the tumor was fully as large as the crown of an ordinary-sized hat." He omits to make mention of the treatment or final result. In a general way, he recommends as treatment (in severe cases), "the excision of some of the cutaneous folds of the ano-gluteal region." By this operation, he says, "contraction of the anal orifice is *hoped* for, and will rarely disappoint expectation." Again, he speaks of having helped "Prof. Richardson in such an operation, but although it was well executed, no appreciable benefit resulted. The patient was a middle-aged woman, who had for years labored under an immense prolapsus of the lower gut, attended with great and permanent relaxation of the integuments and muscles of the anus, which resisted every mode of treatment that could be devised."

Mr. Henry Smith says, in his article on Prolapsus, *Holmes' Surg.*, vol iv., p. 197:—"The object to be obtained is, to reduce the redundancy or relaxation of the mucous membrane, to promote adhesion between the several tissues composing the bowel, and to brace up the anus and sphincter." In his treatment "for severe cases"—notwithstanding he is the hero of the

method by "the improved clamp"—he recommends Hay's operation, as modified by Dupuytren, or the ligature, respecting which, he says:—"another mode of curing prolapsus, consists in the application of the ligature to portions of the prolapsed membrane. This plan is especially adapted to those cases where there is great laxity of the mucous membrane, and where the surrounding integument is not much involved," but, as far as I know, he has never reported cases treated in this manner, where more than simple segments of the gut were involved; we are, therefore, warranted in the conclusion that he does not refer to cases like the one embraced in this report, for, certainly, it would be a formidable proceeding to include in ligatures a superficies of mucous membrane equal in extent "to an ordinary hat crown."

Such, I believe, is a fair representation of the literature on this subject, up to the present time, and if we have, in Smith's improved clamp, a safe and effectual means of attacking these "severe cases," may we not cangratulate ourselves upon having the means of removing another of the *opprobria* from the fair escutcheon of surgical science and art.

The favorable termination, we venture to suggest, was due to two principal causes, *viz.*:—the reduction of the size of the prolapsus by the removal of tissue, and the induction of an extensive adhesive inflammation as a result of the cauterization, the latter, doubtless, playing a more important part in the case than the former, and this by the production of new connective tissue between the intestines and surrounding parts, in a manner inducing nature to replace the long-lost natural supports of the organ.

NOTE.—A sketch of the instrument used in the foregoing operation by Prof. Freer, was given in a previous volume. For the benefit of new subscribers, it is here reproduced. It so nearly explains itself, that very little description is needed. A somewhat similar clamp was long ago recommended by Mr. Curling, but Smith's differs from it by having the opposed surfaces of the blades fitting to each other by a groove and mortice, or by respective concavity and convexity, also by the use of the screw instead of a catch in the handle. These, which would appear mere modifications, practically are as diverse in application as a pair of scissors from a dentist's forceps. Mr. Smith's gives a perfect adaptation and control of the parts which cannot be secured, save accidentally, by the use of Mr. Curling's instrument. [EDITOR.

A New Form of Suture. By ALBERT H. HOY, M.D., of Racine, Wisconsin.

While serving on the Medical Staff of the U.S. Army, during the late war, we repeatedly used a suture to which, not knowing of its being mentioned in any treatise on surgery, we desire to call the attention of the profession, trusting that they will find that it meets the indications of a good suture, *viz.:*—

1st. Adaptation of the edges of the wound.

2d. Producing little irritation.

3d. Easily applied.

We term it the *Rubber Suture*, and in using it, the following things are required:—

1st. A paper of ladies' sewing needles, the points of which, for one-third of their length, have been heated in a lamp and curved, like a surgeon's needle. No. 4 is the best size.

2d. Some pure rubber elastic bands, cut into inch lengths. That having a width of one-tenth of an inch will be found most generally useful.

3d. A pair of small pliers and wire-cutters.

The suture is introduced in the following manner:—One of

the needles is taken firmly by the eye with the pliers, and a piece of the rubber band is strung on, near one of its ends; the needle, thus armed, is thrust through the edges of the wound, holding them together; the free end of the rubber band is then strung over the point of the needle, care being taken to give the band just sufficient tension to hold the lips of the wound snugly together; the points of the needles are then snipped off with the cutters, and the suture is complete.

In place of the rubber bands, what is known as the French rubber tubing, for dental purposes, is, in some cases, preferable. Sections of this, of size in accordance with the tension required, may be looped over the ends of the needles after they are introduced, by means of the artery forceps.

It may not be out of place, to remark that we have seen numerous instances of what might be properly termed union by the first intention, in cases where this suture was used, and these, too, in the most extensive wounds. The elasticity of the rubber tends constantly to keep the lips of the wound in direct apposition, even though the needles may be loosened by suppuration, and it is well known that steel or iron produces a very trifling amount of irritation. The rubber, also, is not affected by the heat or secretions of the part.

We were led, just now, to call attention to this suture, from the fact that a few days ago we assisted Dr. P. R. Hoy, of this city, in removing nearly the entire under lip of a gentleman, for an epithelial cancer, and succeeded, after loosening the integuments from the lower jaw, in bringing the lips of the wound together, and retaining them perfectly successfully until union took place, by means of this rubber suture. We desire to recommend it strongly in hare-lip and other plastic operations, where a speedy union of cut surfaces is of the greatest importance.

Fracture of Astragalus.—Dislocation of Foot Inwards. By Henry T. Godfrey, M.D., Benton, Wis.

Aug. 17, 1866. Was called to visit Mrs. Rob't. R., *æt.* 37, mother of six children, three months pregnant. She had been run away with by a pair of young horses, and had jumped from the wagon, injuring her right foot.

Upon examination, I found a dislocation of the right foot inwards; the superior surface resting against the internal edge of the tibia, and the sole of the foot looking towards the opposite limb. The fibula was fractured, about three inches above the ankle. The upper articular surface of the astragalus formed a tumor below and in front of the external maleolus. Attempts at reduction had been made by a "bone-setter," and had not at all tended to the patient's comfort.

Having placed the patient in bed, administered chloroform to complete anæsthesia, and instructed an assistant to hold the knee firmly in a semi-flexed position, made extension with the hand, at the same time pressing upon the displaced portion of astragalus to effect its reduction. The foot was easily restored to its position by these means, but, after repeated efforts, I abandoned the attempt at reduction of the fractured astragalus as impossible. According to the opinion of Mr. Hancock, expressed in his valuable lectures on the anatomy and surgery of the foot, section of the tendo-Achillis and, perhaps, also of the tendons of the tibiali muscles, if they seemed to obstruct reduction, would have been the most appropriate treatment. I did not adopt this plan, because there is some risk of the retraction of the tendons and the loss of power of their muscles; because in dislocation of the head of a bone from its place, the ligaments offer the greatest amount of resistance to reduction, and the resistance can be sufficiently overcome by chloroform; and, lastly, because the amount of violence necessary to cause a fracture of this bone is very great, and necessarily followed by severe inflammation, which would be much heightened by such operations. I decided to allow the bone to remain where I found it, and if it produced sufficient irritation to demand it to prac-

tice excision. Placed the leg in a fracture box, well padded, and directed cold water to be applied. Gave ½ grain morphine every four hours.

Aug. 26. Patient has progressed quite favorably till this time. Found her, to-day, sitting up. The foot distorted and erysipelatous; applied tinct. iodine over surface. Prescribed tr. fer. mur. gtt. xx., quinia gr. j., morphiæ sulph. gr. ¼, *ter die.* Placed foot loosely in the fracture box and enjoined perfect rest.

Sept. 1. Patient was sitting up, contrary to directions, and, considering herself well, declined further treatment.

Sept. 13. Was sent for at noon, but being absent from home, did not see patient till 10 P.M. Found her in bed, suffering considerable pain; two openings in the skin corresponding to the piece of displaced bone; a free discharge of pus from each opening. She is suffering from an attack of asthma, to which she is subject. ℞. Morph. sulph. gr. ¼, chloroformyl. gtt. v., every hour till sleep is produced. A tablespoonful of port wine three or four times a-day. Bread and water poultice to foot.

Oct. 3. The bone being loose, and evidently causing much irritation, an incision was made on it and the bone removed. A copious discharge of pus took place at the same time.

Oct. 17. An abscess has formed on the dorsum of the foot, giving considerable pain. A surgeon, who had been called in during my absence, advised amputation. By pushing a small probe-pointed knife from the wound in the direction of the abscess, the pus was evacuated with immediate relief.

From this time, the case progressed favorably and without a bad symptom, and at the time of her confinement, in January of the present year, she could walk about her house with but little inconvenience, and entirely without pain.

Clinical Lectures. By Wm. C. Lyman, M.D., late Surgeon U.S. Navy, and now Resident Physician U.S. Marine Hospital, Chicago.

Gentlemen:—The case that occupies our attention this morning is one of *necrosis* of the lower third of the tibia. Necrosis,

as you well know, is death of a bone, and is entirely synonymous in meaning with mortification or gangrene, when those terms are applied to death of any part of one of the soft tissues of the body.

This patient was admitted into the hospital three months ago, and at that time presented a train of symptoms which we will endeavor to give to you, in connection with a short history of the case, as given by the patient himself. He is a native of the United States, 24 years of age, and, as far as can be ascertained, without any hereditary constitutional taint. The first symptom of disease in the part affected, was first observed 12 years ago. It was acute periostitis, or ostitis, the result of exposure to cold. A period of hardship, incident to his life as a sailor, was followed by the usual concomitant symptoms of inflammation of bone and its fibrous covering. During these 12 years, the part has never been in a condition of health, a degree of chronic inflammation being always present, except at such times as it became acute from constantly renewed exposure. Each winter has sufficed to induce an attack which has always sent him to a hospital.

The symptoms presented on his admission were sufficiently characteristic to be at once recognized. The most prominent among these were the great swelling of the limb, with a partial atrophy both above and below the seat of the disease; the presence of several little papilla-like prominences, each one being the opening of a sinus leading to the dead bone, with continual discharge of sanious pus; and the unmistakable presence of dead bone on introducing a probe into the sinus, the sensation of which, being once experienced, is ever after easily recognized. There was, also, a decidedly marked impairment of the neighboring joints.

His general condition was that of extreme exhaustion—there was hectic fever, colliquative diarrhœa and perspiration, and great emaciation. His mental condition was truly deplorable—his countenance exhibited the greatest anxiety, he would burst into tears at the slightest opposition to his wishes, was peevish, restless, and sleepless in the extreme. It is probable, in this

case, that that which began as periostitis, twelve years ago, has progressed, by exposure to additional causes and perpetuation of the original disease, to ostitis, and, finally, osteo-myelitis, resulting in the complete destruction of the periosteum, osseous tissue, endosteum, and medullary substance.

If we look closely into the causes of this disease, we shall find that the form that may be called idiopathic commonly arises in young persons, who have well-marked strumous diathesis, and in whom the vital power is low, and who are, consequently, more obnoxious to diseases of any character, from some exposure to cold, as a plunge in cold water, or getting wet in a shower. These may be followed, in a few days, by rigors, febrile movement, pain in the part, and the usual train of symptoms attending acute inflammation. It has also occurred without apparent cause, and has followed idiopathic fever. Syphilis, either hereditary or acquired, is also a prolific cause, but its seat is more frequently in the cranial and nasal bones. The abuse of mercury may also be mentioned, that potent drug being as powerful for evil when injudiciously administered, as it is for good when given with due caution. That exposure to the fumes of phosphorus which unavoidably occurs in the manufacture of matches, is often followed by necrosis of the alveolar processes. The rheumatic and scorbutic diatheses are, undoubtedly, occasional producing causes. Among the traumatic causes, are resections, amputations, compound fractures, gunshot wounds, contusions, and transportation of wounded. The latter is, necessarily, rendered a fruitful cause by the consequent fatigue, excitement, and pain, the absence of proper medicines, food, and shelter, and the resulting mental depression that wields such a powerful influence over the wounded soldier when he feels neglected.

The abundant experience of our army surgeons in the late war, furnishes many examples which go to prove the truth of such assertions. Impure air, food, and water are well-known causes of destructive inflammation of bone in patients exposed to such influences after any surgical operation; these conditions are always worthy of our attention, particularly in military

practice, where hospitals are often crowded, and the worst results follow any neglect, even for a few hours. As such causes can almost always be guarded against, they should never be permitted to add to the fatality of this or any other disease.

The statistics of this disease, which cannot well be detailed here, show that a large majority of the cases occur among young people—probably the period between the 20th and 30th years is the time that this disease is most frequently observed. It is also equally well established by the observations upon this point, that males are much more liable than females to be the subjects of this malady. The reasons for this difference are not so easily understood; the greater amount of exposure to general causes of disease, and of accidents, hardly account for the difference, which may be estimated as 5 to 1.

In its extent, necrosis may be partial or general. If the entire bone is in a necrosed condition, it is usually from a succession of attacks and gradual extension of the disease, and does not involve the whole of it at once. Occasionally, it extends into the structure of a joint, when both local and general symptoms are aggravated, and the danger of a fatal result proportionately increased. Instead of involving the whole diameter of the shaft of a bone, it may only affect the outer part, causing a portion to scale off. This is called "exfoliation;" where there has been a deposit of new osseous tissue surrounding and enclosing the old, it is called a "sequestrum." The operations appropriate in the two cases differ materially, although the one result, the removal of the decayed mass, is its object. The removal of an exfoliation requires the exposure of the bone, and the cutting away of the dead portion with the chisel or gouge. The removal of a sequestrum requires the opening not only of the muscular structure, but an opening in the newly formed bone itself, which will admit of its passage through. The saw, trephine, forceps, and chisel are variously used, as may be required.

The reparatory process, in cases of this kind, is interesting to contemplate. By the action of the absorbents, detachment and ultimate expulsion of the dead bone is begun, and simulta-

neously the capillary vessels begin to deposit around material for the creation of the new structure. This occurs around the bone, and in all parts where the periosteum remains intact, it assumes the appearance of cartilage, which, as the process goes on, presents points of ossification, from which the change progresses in the same manner as in the original bone. The new structure acquiring thickness and density in a gradual manner, which it may require several weeks or months to accomplish, each case progressing according to the general vigor that the individual may possess. The new tissue usually becomes more dense and hard, and contains more earthy matter than the original, and is usually larger, thus compensating in increase of size and strength for any loss of power by loss of symmetry. That the agent of reproduction is the periosteum, and not the endosteum, is evident, from the latter being in that part always destroyed; that under other circumstances it might be an agent of epigenesis is probable. Granulations spring up from the surface of bone that may be denuded of periosteum, yet remain closely enough connected with the lining tissue to retain its vitality, and thus assist in the reconstruction process.

The new growth is always pierced by a number of small openings, varying from the smallest rounded opening to a fissure of considerable size. It is a fact of some practical value, that these openings are always in that part where the least tissue covers the bone, and whatever their number and direction, they always communicate with the necrosed bone itself, affording exit for the purulent matter.

There has been a great deal of difference of opinion among pathologists, relative to the manner of reproduction of a bone. It has been warmly asserted that it can be produced by granulations from each end of the bone, after a part has been removed, without the agency of the periosteum. It may not yet be definitely settled, but practically, it is found that the better the periosteum is preserved, the more complete and useful will be the new growth. While it appears that a bone cannot be reproduced when a portion has been entirely removed, it is certain that a very small amount of bony connection subserves the the purpose of reproduction of nearly the whole organ.

It was evident from the appearance of this patient, that surgical interference was immediately necessary. The only question that presented itself was, whether the limb should be at once amputated, or this mass of dead matter be removed. As there was no sequestrum in this case, no ossific deposit having occurred around the dead portion, it appeared as if the removal of the dead bone would leave a vacant space of full two inches between the sound portions, leaving only the fibula to sustain the weight of the body. With the idea of saving that part, if possible, it was decided to remove the dead bone, and amputate subsequently, if it could not be avoided.

The operation was at once proceeded with—a longitudinal incision of four inches in length, along the surface of the tibia, crossed by one of three inches, and turning up of the two flaps thus made, sufficiently exposed the part; the dead bone was immediately removed with the chisel. It was here discovered that a portion of the "external border" of the tibia was still living, although a sinus passed between it and the fibula. In its smallest part it was rounded, and not more than one-quarter of an inch in diameter. Being at the bottom of the wound, it was difficult to tell whether or not there was any periosteum remaining. On this slender basis, our hopes of the future integrity of the limb were founded. The diseased portion having been fully removed, the flaps were replaced and the operation finished. The treatment, since the operation, has been simply water dressing or simple cerate. He had liberal diet, alcoholic stimulants at night, for a few days.

We have had the satisfaction of observing no return of the hectic, sweating, or diarrhœa; his mental condition rapidly improved, his cheerfulness returning with the confirmation of his hope of ultimate recovery. Profuse granulations appeared on all sides of the chasm left after the removal of the bone, not only on the soft parts but on the cut surfaces of the tibia itself, and upon the slender isthmus of bone between the portions of the shaft. We have been gratified by seeing this opening gradually fill up with osseous material, and at the present time the patient walks with perfect ease and safety to the limb, which is, to all appearance, perfectly sound and strong.

This case may be considered chiefly remarkable for the slender connection left between the parts of the tibia, furnishing an exceedingly small amount of periosteum as an epigenetic agent for the new osseous growth. It is probable that without this slender isthmus of bone, how ever well the remaining extremities may have performed their duty, there would have been lacking that nucleus for the deposit of ossific material that would insure a useful limb. There is no doubt, that "points of ossification" are as necessary in the reproduction of a bone as they are in its original development.

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Typhlitis. By A. T. Hudson, M.D., Lyons, Iowa.

With the hope of contributing an item that may serve to elucidate the pathology and general history of this somewhat rare disease, I am induced to report the following case:—

In consultation with a neighboring physician, I was called, Nov. 30th, to see Wm. B., an engineer, aged 37. About two months prior, he was attacked with severe pain in the right iliac region. Thinking it was probably colic or dysentery, he applied hot fomentations and took some anodyne remedies, which, in time, mitigated the severity of the distress, but they never gave complete relief. Deep-seated, throbbing pain continued, followed by swelling and tenderness, which gradually extended down the thigh, along the sciatic nerve, beyond the seat of the inflammation, and bearing some resemblance to sciatic rheumatism. Yet, from the variation and obscurity of some of the symptoms, and a brief examination by his physician, no positive diagnosis was arrived at. The difficulty of diagnosis at an early or progressive stage of the disease, is mentioned by eminent observers as very puzzling, rendering it liable to be confounded with caries of the spine, psoas abscess, or pelvic cellulitis, until recovery or a *post mortem* reveals the truth.

During the progress of the inflammation, he had become somewhat emaciated, but not prostrated; he could walk, with some difficulty; his body considerably pronated; his tongue was

rather dry and brown; and his pulse varying from 110 to 120. There was much swelling above and below Poupart's ligament, which extended around, below, and behind the crest of the ilium. Here, pus had deeply burrowed under the gluteal muscles making a circumscribed tumor, with distinct fluctuation.

The discovery of pus, so remote from the seat of the pain and inflammation, caused some hesitation in pronouncing upon the diagnosis as typhlitis, yet the absence of the main features of an abscess in this part led us to conclude that it was pus from a cæcal abscess, which had traveled this way for egress—which proved correct. An incision, an inch in depth, was made before pus was reached, when a large quantity, having a strong fæcal smell, was discharged. Particles of indigestible substances were looked for, as fruit seeds, concretions, etc., but nothing found that might serve, in any way, as an exciting cause. The next day, about a pint of matter was pressed out, having the same characteristic smell and appearance. By the fourth day after opening, the discharge of pus had ceased, and there was no more escape of fæcal gas, which was noticed at previous dressings. From this time, the discharge changed to a clear, amber-colored serum, quite mucilaginous in appearance and destitute of smell, and in amount, from one to two ounces per day. On the application of heat to a portion of this fluid, it became perfectly coagulated and white, like so much pure albumen.

Being unable to find any mention of this peculiar excretion in the report of such cases as have come under my notice, I am led to believe that it is a rare occurrence. That there should be a small proportion of albumen as a component part of serum, is to be expected; but in this case, the whole of the specimen tested became cooked, leaving no appreciable part of water or other fluid behind. The sero-albuminous discharge gradually lessened, the tent removed at the end of five weeks, and the wound allowed to close, and, apparently, with a good recovery.

In about two weeks, however, after eating a hearty meal, it swelled up again, the wound reöpened, and nearly as much pus escaped as at first, and of a similar character. The amber-col-

ored fluid succeeded the pus on the third day, and ceased in about three weeks. But little constitutional disturbance occurred from this relapse. He is now restored to health, sufficiently to attend to business.

Whether this was an abscess of the vermiform appendix, or the cæcum, or of both, is a question which cannot be clearly determined. Most authors agree that inflammation and ulceration of the vermiform appendix is always more grave and fatal than abscess of the cæcum. Dr. Bartholow, of Cincinnati, who has written an excellent review of this subject, does not give any diagnostic symptom, distinguishing one affection from the other. Probably, in every severe case, both are involved.

A Case of Puerperal Convvlsions.—Additional testimony in favor of Belladonna. By J. Ramsay Flood, M.D., of Detroit, Mich.

On the night of the 30th of January last, I was called to see Mrs. B., who was suffering from puerperal convulsions. When I reached her, she was in the fourth spasm. After the paroxysm had subsided and consciousness returned, patient complained bitterly of pain in her right shoulder, and, upon examination, an anterior luxation of the right arm at the shoulder joint was discovered. This was produced by the second paroxysm, inasmuch as patient had not complained previous to that time. The lady had been unavoidably and unexpectedly detained on one of the river-boats for some four hours, and what is strange at this season, without fire or any means of keeping warm. Her whole system was thoroughly chilled, and when she reached home complained of lancinating pains through her chest and shoulders. The following morning she was seized with violent convulsions. From the friend's data, she had not gone to full term; but they were doubtless in error, as the child bore the appearance of full development. Patient being of full habit, by the aid of venesection to the extent of ℥viij of blood and antispasmodics, the convulsions were,

in some degree, controlled—their intensity much lessened. Uterine contractions were very feeble from first to last—too feeble to produce any effect in dilating the os, nor did large and oft-repeated doses of the fluid extract of ergot augment its contractile force. The drug was pure and of officinal strength. After waiting some twelve hours in anxious expectation for some effect from the administered drug; it was evident I could expect no aid from that source, and made my first use of the solid extract of Belladonna as a dilator of the os uteri. The application was freely made to the os by the aid of the speculum, and I was not a little surprised at the result. In thirty minutes, the os, which had not been more than half an inch in diameter for at least twelve hours, was now fully three inches in diameter, and, in forty-five minutes, the head passed the os and became engaged in the inferior strait; nor had the uterine contractions been any more vigorous than previous to the application of the Belladonna. Having heard many physicians express a disappointment in the use of this drug, having seldom or never obtained the effect which they were induced to expect from the books, I regarded its use in this case as an experiment, and consequently watched its effect with more than ordinary vigilance, and regard it as a fair test of the action of the pure drug upon rigidity of the os in the gravid uterus. And having thus been so happily disappointed, I feel it a duty to bear additional testimony to my brothers of the profession of its efficacy as a dilator of the os uteri.

The convulsions continued, but, as stated, with much less severity, (numbering in all twenty-one) and ceased immediately upon delivery. The child, as is usual under such circumstances, was still-born; delivery being performed by the aid of forceps, owing to inertia of the womb.

Mrs. B. assumed full charge of her household duties twelve days after her confinement, notwithstanding my admonitions to the contrary, and is now in the enjoyment of good health.

Milk-Sickness and the Illinois Legislature. By W. ANDERSON, M.D., of Pontiac, Ill.

[As the Illinois Legislature has adjourned without any action upon this matter, unless, perchance, the record thereof is among the contents of some yet unloaded "omnibus"—the fears of our correspondent are probably groundless. We insert his paper, however, for its bold challenge of a popular and *quasi* professional notion.—EDITOR.]

It appears from recent proceedings, that the Legislature of our State is about to reward a certain individual with a large donation for the supposed discovery of a new remedy for "*milk-sickness*:" the reward being subject to investigation and decision by a "*scientific committee.*"

This is an act of magnanimity that is very commendable, provided the said committee or Legislature is not grossly humbugged. Such acts of generosity have been passed by other Legislatures, and always, as far as I am informed, to their utter disgrace; and, from the facts in the case, there is but little likelihood that this will be an exception. The proposed recipient, Mr. B., may be a worthy gentleman, but no case of this kind could look more suspicious.

I think our Legislature would do well to first appoint a committee to ascertain whether there is such a disease as "milk-sickness," and if so, then, whether we have not already better remedies than Mr. B., or Dr. Brown, whatever he may be, is likely to bring forth. For if the affection has an individual existence at all, it is well known that it yields with equal readiness with bilious remittents to the same remedies, and it is my purpose to examine briefly whether they are not one and the same disease, originating from the same causes, and unconnected in any way with the milk of cows. I consider "milk-sick," as the vulgar call it, a mere matter of credulous fancy, and all I can see, hear, or learn in any way, on the subject, still further convinces me in this opinion; and my residence among it being yet brief, I think I can frame an opinion without bias.

A fact admitted by all, is, that the disorder is remittent in its character, and, in all particulars, resembles that form of fever, but they claim that it is caused by milk of cows that feed in timber along creeks and rivers.

Now, if the disease prevails only in miasmatic districts, resembles miasmatic fever, and is caused by cows that are subject to the same affection, that affection must be material, and could not arise from eating green vegetables, which is the universal pet theory here.

It is more reasonable to suppose the disease ordinary fever, which is always more aggravated along watercourses than on the prairies. Whether it is a reality or a myth is a question on which much light is needed to change my mind, and all I have yet learned is one-sided and negative. If I am wrong, I hope some physician of riper judgment, greater experience and wider views, will set me right.

In support of my views, I will not argue the question at length, but will only add the following considerations :—First, I have never known an irregular physician or empiric of any kind, but talked loudly of "milk-sick" and his ability to cure it, while genuine physicians generally ignore it entirely, or speak of it in terms of scepticism. Secondly, irregular works on medicine always treat of it as an individual and specific disorder, while professional works pass over it in silence, or allude to it cautiously. Thirdly, the existence of the malady only in excessively miasmatic districts. Fourthly, the more intelligent settlers in such district are more or less sceptical on the subject, while the credulous regard it as a heresy and a mark of incompetency in a physician to call their pet disease into question. Fifthly, most intelligent physicians who acknowledge its existence, confessedly do it for popularity and practice. I could continue such objections to great length if deemed necessary, but I purposed to be brief.

I presume there is not a class of men in the universe more ignorant of medicine and disease than politicians and legislative bodies; nor is there any other science in which mankind at large make so much pretension while they know so little, or are

so easily bamboozled and humbugged. I repeat, the various Legislatures in this country have made similar appropriations before, but, as far as I am informed, they have been duped in every instance, while the hundreds of true cultivators of medical science have gone unrewarded. This is a shame and a slur on the human race.

It should not be forgotton that Pennsylvania voted many thousand dollars for a "*secret remedy*" for snake-bite, seneka snake root, namely, which is no remedy at all. And the New York Legislature likewise, fo ran antidote for hydrophobia, which is still utterly incurable.

So much for legislative prudence and wisdom on scientific subjects.

In conclusion, I will state, that my observation, as well as that of many able physicians and other citizens, is, that so-called milk-sickness is only the severer forms of miasmatic or bilious remittent fever, generally distinguished by the terms congestive, remittent, &c.; that it is rather fatal in its character, yields, if at all, to antiperiodics, cathartics, &c.; or, in other words, stimulants, during the congestive stage; quinia, between the paroxysms, in very large doses, and castor oil or croton oil as a physic, preceded or followed by calomel. Arterial sedatives will be of great benefit in case the fever runs high; but as to the new treatment of Mr. B. and the Legislature, I have not the remotest thought that there is anything in it.

A Case of Puerperal Convulsions Effectually Coutrolled by the Inhalation of Chloroform. By JOHN W. HENSLEY, M.D., of Yates City, Knox Co., Ill.

Was called to see Mrs. A., primapara, Thursday evening, March 7th, 1867. Upon arriving at her bedside, found her struggling in a violent convulsion—eyes rolled upwards; head twisted to one side; a bloody frothing at the mouth; and the extremities affected with clonic spasm. The eclampsia lasted some fifteen minutes, leaving the patient wholly unconscious;

breathing stertorous and accompanied with occasional deep moaning. Was informed that labor commenced at noon, the dap previous; the convulsions first began at 9 A.M. on the 7th, and had already lasted twelve hours, occurring every few minutes. Her physicians, after attempting to take blood from the arm, I was told, had abandoned the case, as hopeless, half-an-hour before I arrived.

On examination, found the liquor amnii evacuated, os uteri perfectly dilated, and the child's breech presenting; the pelvis was rather narrow, and the patient seemed almost moribund. Yet, I conld see no good reason for abandoning the case without further effort. Recalled Dr. Baily to the bedside, suggested the administration of chloroform and the use of instruments to effect the delivery. Suffice it to say, the convulsions were effectually controlled by the chloroform, and the child, by means of the forceps and the blunt hook, extracted in the course of two hours. The uterus contracted at regular intervals, and the placenta was removed without trouble. The child, still-born, had been dead, apparently, for some hours. Patient still unconscious; breathing labored and loud. Four hours after discontinuing the chloroform the convulsions returned; had three, though lighter than they had been. Again administered the anæsthetic, with perfect and permanent success. The patient remained unconscious for about two days, with stertorous breathing; tongue very much swollen; had some trouble to control the uterine hemorrhage; retention of urine for a week, except when drawn off by the catheter. The patient is now about well.

Remarks.—I report this case, to show the value of chloroform in controlling puerperal eclampsia, for I am satisfied that Mrs. A. would have died in spite of every effort to save her life, had it not been for the timely use of this remedy.

Scirrhus of the Liver and Stomach, Tuberculosis, and Partial Fatty Degeneration of the Kidneys. Hospital Record.

History.—John Manchester, aged 40 years, admitted Jan 23, 1866, states that some two or three months previous to admis-

sion, his health commenced failing, his appetite very much depraved, and he continually suffered more or less pain over the right hypochondriac region, and in the lower extremities. He has been continually getting worse up to the present time.

Symptoms on Admission.—Greatly emaciated, pale, anæmic, walks about with difficulty, articulates indistinctly, tremulous, muscles of the right side of the face relaxed, memory failing, questions must be repeated sometimes twice before he comprehends sufficiently to answer. Complains of pain in the lower extremities and abdomen, more especially over the epigastric and right hypochondriac regions. No appetite; great thirst; tongue coated with a yellowish fur; pulse 95 per minute, small and weak; respiration 16 per minute, somewhat labored. The physical signs revealed nothing abnormal about the chest; abnormal dullness over the right hypochondriac region. Evacuations from the bowels more or less frequent; the discharges fluid, and of a whitish color. Urinates frequently, but passes little at the time, causing slight pain. Does not vomit.

Treatment.—℞. Spt. frument. ℥ss, three times per diem, with pulvis doveri gr. vj. at night.

Progress of the Case.—Jan. 24th.—Slept well. Had two evacuations from the bowels during the night. Urinates often, but experiences less pain; traces of albumen in the urine. Gave the following:—℞. Tinct. cinch. comp, teaspoonful three times a-day, continuing spt. frument. and pulvis doveri at night.

28th.—Gradually growing worse; keeps the bed and sleeps most of the time. Articulation so indistinct that it is difficult to understand what he says. Indifferent as to taking nourishment.

29th.—Pulse 75; respiration 20 per minute, labored. ℞. Strych. puræ gr. ss., solv. in spt. frument. ℥ss., add aqua ℥j. S. One teaspoonful three times a-day.

31st.—Comatose, hard to rouse; respiration labored. ℞. Sherry wine ℥ss. every three hours. Discontinued previous treatment.

Feb 1st.—Died at 6 o'clock A.M.

Sectio Cadaveris, 48 hours after Death.—In the thorax, the

heart was found very much contracted, especially the left ventricle. Lungs normal. In the abdominal cavity the liver was found converted throughout the greater portion of its extent into a scirrhous mass. Extensive scirrhus was also found throughout the entire curvature of the stomach. The upper third of the ascending and nearly the whole of the transverse colon were abnormally contracted. In both kidneys there was fatty degeneration. Bladder contracted and somewhat hypertrophied.

History.—Fred. Ronga, aged 31. Admitted Feb. 26, 1866. States that some eight weeks ago, while on shipboard, he was attacked with fever, which lasted for about three weeks. On the subsidence of the fever a severe cough ensued, which, in connection with pain over the chest and difficult breathing, has continued up to the present time.

Symptoms on Admission.—Greatly emaciated; anæmic; skin of a dusky hue; respiration hurried and exceedingly difficult, so he can rest only in a semi-sitting posture; pulse frequent, small, and weak; tongue coated with a whitish, yellow fur; slight dullness over the right lung, abnormal resonance over the left, throughout the whole of its extent; bowels somewhat irregular; urine scanty and highly colored; takes nourishment but sparingly; refuses to take stimulants; complains of pain over the abdomen; slight tympanites.

Treatment.—℞. Pulv. opii gr. ½, quinia sulph. grs. iij., three times per diem, and milk-punch ℥j, every two hours.

Progress of the Case.—Feb. 27.—Did not sleep well during the night; complains of intense pain over the hypogastric region; no evacuations; catheter introduced into the bladder, which caused him some pain, flow of urine only limited; tongue dry, and symptoms generally indicated a low typhoid character. ℞. Emulsio terebinth. ℥j., three times per diem, contiuuing previous treatment.

Feb. 28.—Sinking very rapidly; refuses both nourishment and stimulants. Expression of the countenance anxious; respiration quick and labored. Expired at 4 o'clock A.M.

Sectio Cadaveris, 24 hours after Death.—Right lung slightly

adherent to the chest anteriorly, left lung entirely collapsed, and on its anterior surface was an open cavity containing tuberculous matter, in the active stage of softening and suppurating. In the left pleural cavity, there was an oblong ovoid cyst, about 5 inches long and 3 inches in its transverse diameter, containing a serous, yellowish, translucent fluid. The membrane or capsule forming the cyst was of a yellow or buff color, its outer surface smooth, apparently having the character of a serous membrane; the inner surface rougher, and of a lighter color. The membrane was about $\frac{1}{16}$ of an inch thick, and so fragile that its own weight was sufficient to cause its rupture, under the attempt of removing it from the thoracic cavity. It had no vascular connections whatsoever, and was perfectly free from any attachment to the surrounding parts. Its location was above, to the left, and somewhat behind the heart, pressing the lung backwards and inwards. The glands of Peyer were dark-colored and congested, but no mark of ulceration. The liver gave evidence of commencing fatty degeneration. On the anterior surface of the right kidney, was an abscess half-an-inch in diameter, containing both pus and calcareous deposit. The line of demarcation between the cortical and medullary substance indistinct on both kidneys. The renal capsules easily separated.

History.—Kate Brown, aged 19, admitted February 5, 1866. States that about three years ago she contracted syphilis, from which she suffered for nearly four months, but finally recovered so well that she considered herself perfectly cured. About the 1st of July, last, her menses did not appear in proper time, and finally disappeared altogether. About the 1st of August, she commenced coughing, and suffered some pain over her chest; for a short time she raised blood. About the 1st of November, her throat became sore, so that she had difficulty in swallowing. Her general health, during all this time, continued to fail, and about the 1st of January, she had to keep her bed all the time. In the latter part of January, she lost her voice.

Symptoms on Admission.—Emaciated; hectic flush of the cheeks; coughs a good deal and raises a purulent, mucous sputa, but no blood; voice lost so she cannot speak above a loud whis-

per; great nervous irritability when speaking, and somewhat anxious expression of the face; bowels move five or six times during the day; tongue coated; mouth dry; lips sore; pulse frequent, 95, thready; respiration short; extensive ulceration of the larynx. On light percussion, there is abnormal resonance on the left side, but extensive dullness over both lungs on heavy percussion. Distinct cavernous respiration over the upper portion of both lungs.

Treatment.—Pulvis doveri grs. v., hydrarg. submuriat. gr. j., at night, followed by ol. ricin. ℥ss., in the morning.

Progress of the Case.—Feb. 7.—Diarrhœa continues. Ordered to take the following:—℞. Acid nitr. dilut. ℥j., tinct. opii ℥ss., syrup simpl. ℥iij. M.S. Teaspoonful 3 times a-day.

Feb. 9.—Diarrhœa considerably better. Complains of sore throat; the following gargle was ordered:—Potas. chl. ℥j., solve in aqua cam. ℥iv. S. Gargle the throat every three hours.

Feb. 12.—Diarrhœa entirely checked, ordered to take ol. morrh. and spirits frument., of each, ℥ss., three times per diem, discontinued previous treatment.

March 1.—Complains of piles, for which the following was ordered:—acid tannic. ℥j., morph. sulph. grs. x., unguent. hydrg. nitr. ℥j., adeps ℥ss. M. Ft. unguent. S. Apply twice a-day.

March 10.—Diarrhœa returned; cannot take the oil. ℞. Morph. sulph. grs. iij., acid sulph. aromat. ℥j., magnesia sulph. ℥ij., syrup simpl. ℥j., aqua cam. ℥ss. M.S. Teaspoonful every four hours.

March 12.—Sinking very rapidly. Takes neither nourishment nor stimulants.

March 13.—Expired at 7 o'clock A.M.

Sectio Cadaveris, 24 hours after Death.—Greatly emaciated. In the thoracic cavity, the heart was normal. The lungs, with the exception of the lower margins, were one hard, solid, tuberculous mass, and, on section, were found to contain small sinuses filled with pus and calcareous deposits. In the abdomen, the stomach normal; intestines congested; no ulceration. Liver congested; tissue easily broken down. Commencing fatty de-

generation of both kidneys, characterized by the usual structural changes, namely, obliteration of the line between the cortical and medullary portion, bloodlessness, color light, fawny, etc. In the larynx and trachea, there was extensive ulceration.

Phthisis Pulmonalis as a Sequel to Suppressed Menstruation.

It is not unusual to hear it remarked, that the suppression of the catamenial discharge is the cause of phthisis pulmonalis, by which it is frequently accompanied. Nor is it strange, when we come to consider, that several eminent authors give countenance and support to this same statement. But the question arises, is this a fact, or is it a mere assertion, sanctioned by time, and reverenced, like owls, on account of its antiquity? Let prejudice and preconceived notions be laid aside, and let us examine, for a moment, whether the one, as an effect, has any relation to the other, as a cause. It is now generally admitted that the development of phthisis is preceded by, and depends upon, a constitutional vice, a peculiar diathesis, a cachectic state of the system, either inherited or acquired. That it is often inherited from parents and transmitted through several generations, is not denied, but some have doubted as to the possibility of its being acquired. Modern researches, however, have settled the question beyond a doubt, and it is now generally believed that the tubercular diathesis may be produced by those influences which tend to impair nutrition and assimilation, to deprave the blood, by wasting the red globules and changing, to some extent, its normal constitution.

Now, the question arises, will the suppression of the menses bring about this diathesis, or will it even develope the disease, when the diathesis exists? If we examine the discharge, we will find it to be composed of blood, mingled with a small amount of the ordinary secretion of the parts. That it consists of nothing more, is evident from several considerations:—1st. When chemically examined, nothing of an excrementitious or poisonous nature is detected in its composition. 2d. The organ

from whence it flows is not, like the skin or kidneys, designed to eliminate matter from the system which, if retained, would be productive of injury. 3d. The function, which is only temporary, after having ceased entirely, is not followed by the disease under consideration. Now, if the menstrual discharge contains nothing injurious to the system, no harm can possibly ensue from its mere retention in the system, neither can the mere retention be productive of any injury beyond slight constitutional disturbance. It is wholly and entirely inadequate to produce those fearful results which we designate as phthisis pulmonalis.

But it may be affirmed, that the suppressing the menstrual discharge does produce many very serious phenomena, and that this is a matter of daily observation, and cannot be denied. It is no doubt true, that the suppression is followed or accompanied by these various phenomena, but they are not due to the fact that the function is not performed, but to the cause which produced the suppression. Suppose, for example, that the catamenia fail to appear, od account of cold, is it not possible that this very cold may check excretion of the skin, and the kidneys failing to take upon themselves vicarious duty, matter may be retained in the system which should be eliminated, and all the various phenomena be produced which are usually attributed to the failure of the catamenia?

But it may be asked, how do we account for the fact that the suppression of the catamenia, for some length of time, is often followed by phthisis? The reason is obvious. The same causes which tend to produce suppression of the menstrual function, tend also to develope the tubercular diathesis, or to call it into action when it already exists. Take, again, the action of cold, which is a very common cause of suppression, is it not also one of the most exciting causes of phthisis? Again, the menstrual function may cease to be carried on from mere debility, produced, perhaps, by previous disease, or by a low state of living, food poor in quality and deficient in quantity, foul atmosphere, damp, crowded, and ill-ventilated apartments, such a state of life as is often witnesed among the extreme poor in crowded

cities. Are not these very circumstances most favorable to the development of the tubercular diathesis? And are not both the suppression and the consumption due to the same causes?

It is surely reasonable to infer that the tubercular disease is not owing to the suppression of the menstrual function, but to the debility produced by these various causes which have so depraved the blood and impaired the vital energy, as to cripple the resources of nature and render her unable to resist the stealthy and insidious approaches of this most formidable disease.

G. C. G.

Veratrum Viride.

[Dr. Ira Hatch, of this city, has suggested the following correction, which is due to the memory of that eminent teacher, Dr. Tully.—EDITOR]

Dr. Percy, in his admirable prize essay, makes a mistake, which, in justice to Dr. Tully's memory, should be corrected. Speaking of the medicinal properties of veratrum viride, Dr. Percy says:—"About the year 1830, Drs. Tully and Ives, of New Haven, investigated, very fully, the therapeutic properties of the plant. Is veratrum viride narcotic? Tully and Osgood state that it is." By reference to Tully's Materia Medica, it will be seen that he investigated its properties as early as 1810. It will also be seen, that he had, later in life, fully come to the conclusion that it was not narcotic, whatever he might have taught in his lectures, previous to the date of Dr. Osgood's "very truthful and praiseworthy essay." On pp. 727–8 of his Materia Medica, Dr. Tully remarks that:—"The term *acrid narcotic*, as employed by authors, has reference as much to such articles as veratrum viride, etc., as to any article in which an individual, active, proximate principle is at one and the same time acrid and, as is supposed, narcotic. But do veratrum viride, sanguinaria, etc., possess any true and genuine narcotic power? Do they ever prove directly anti-irritant, anodyne, and soporific? Is not such an operation essential to a true and genuine narcotic?"

"Although I once entertained a different opinion, (I believe mainly on the ground of authority,) yet I am now obliged to doubt whether veratrum viride or sanguinaria ever prove directly anti-irritant, anodyne, or soporific. For myself, I have not the least doubt that they are non-narcotic erethistics. I have been in the habit of employing both of them ever since the summer of 1810, and I never have witnessed anything like a direct 'narcotic'* effect from either of them, though I have often witnessed erethism, when they have been given in comparatively large doses, at short and regular intervals."

* The word narcotic is substituted for anti-irritant, etc.

PROCEEDINGS OF MEDICAL SOCIETIES.

FOX RIVER VALLEY MEDICAL ASSOCIATION.

The Association met at Turner Junction, DuPage Co., Ill., on the 1st of April, and was called to order by the President.

After the ordinary preliminary business, Drs. Hard, LeBaron, Winchester, and D. W. Young were elected delegates to the State Medical Association; and Drs. Hawley, Hard, Dean, and Hagar were elected delegates to the American Medical Association.

Dr. Hard delivered an address upon the influence of evil habits in the production of disease, with special reference to the use of tobacco. The address elicited a lively discussion, which was participated in by all the members present.

Drs. Hawley, Winchester, and Cushing, each reported an interesting case of injury of the head, one of which proved fatal, one recovered, and one still under treatment.

Dr. Hard reported a case of melanotic tumor, which had been twice removed within three months.

A discussion then followed upon obstetric practice, by Drs. Hawley, LeBaron, and Woodworth.

The Secretary, Dr. Cushing, being about to remove to Cali-

fornia, tendered his resignation, and Dr. Hard was elected to fill the vacancy. The Association passed, unanimously, resolutions of respect for the retiring Secretary.

On motion of Dr. Eddy, the Association adjourned to meet at Turner Junction, on the first Monday of July next.

C. CUSHING, M.D., *Sec'y.*

PULASKI COUNTY (IND.) MEDICAL SOCIETY.

Pursuant to a call of the physicians of Pulaski and adjoining counties, the following gentlemen assembled in Winamac, Ind., April 2d, 1867, for the purpose of organizing a Medical Society:—F. B. and A. McD. Thomas, A. M. Pearson, James Tolerton, H. Kittinger, Winamac; J. W. C. Eaton, and N. S. Hazen, Pulaski; C. G. Hartman, Francisville; James H. Smith, Harrison Township; I. B. Washburn and J. B. Moore, (student,) Star City; L. D. Glazebrook, San Pierre, Stark Co; and James Thomas, Royal Centre, Cass Co.

On motion, F. B. Thomas was chosen Chairman, and I. B. Washburn Secretary.

On motion of Dr. Jas. Thomas, a committee of five was appointed to draft a constitution and by-laws. The Chairman appointed Drs. Glazebrook, Hartman, Pearson, Tolerton, and A. Thomas. The committee reported a constitution and by-laws in the usual form, which were adopted.

After the adoption of the constitution, the Society proceeded to elect officers, which resulted as follows:—*President*, F. B. Thomas; *Secretary*, I. B. Washburn; *Treasurer*, A. M. Pearson; *Censors*, L. D. Glazebrook, James Tolerton, and A. McD. Thomas.

The Society adopted a fee bill, equalizing the charges for professional services, and harmonizing with those of neighboring societies.

Dr. Washburn offered the following resolutions, which were unanimously adopted:—

Whereas, From the teaching and practice of a certain class

of *self-styled* physicians, the unnatural crime of procuring abortion or miscarriage, for the purpose of gratifying the lust, ambition, or caprice of those who do not wish to bear maternal responsibilities; therefore,

Resolved, First, That members of this Society will in no case countenance the practice, except to save life, and then only after consultation with a physician of good standing, when such consultation is possible.

Resolved, Secondly, That members of this Society who may be cognizant of the procuring of criminal abortion, apprise the Grand Juries of their respective districts of the facts in the case, looking to a speedy prosecution of the same.

On motion, Dr. L. D. Glazebrook was appointed on essay, and of the proceedings of the Society for publication in the Chicago Medical Journal, *Chicago Medical Examiner*, and *Cincinnati Lancet & Observer*.

On motion, adjourned, to meet in Winamac, the second Tuesday in June, 1867. F. B. THOMAS, *Pres't.*

I. B. Washburn, *Sec'y.*

KALAMAZOO VALLEY, MICH., MEDICAL ASSOCIATION.

The Kalamazoo Valley, Mich., Medical Association convened its regular quarterly meeting Thursday.

Dr. S. S. French, of Battle Creek, President.

Several valuable papers were read.

Dr. Hitchcock offered a series of resolutions on criminal abortion, which were unanimously adopted, and a committee appointed to report at the next meeting, consisting of Drs. Alfred, Hitchcock, and Clapham.

The Association appointed the following delegates to the American Medical Association, which meets at Cincinnati, May 7th, 1867:—Drs. B. Barnum, Schoolcraft; Wm. Mottram and H. O. Hitchcock, Kalamazoo; and J. Andrews, Paw Paw.

The delegates were instructed to select substitutes, in case they should not be able to attend.

THE ENDOSCOPE,

AND ITS APPLICATION TO THE DIAGNOSIS AND TREATMENT OF

URINARY AFFECTIONS.

LESSONS GIVEN AT NECKER HOSPITAL.

BY

A. J. DESORMEAUX,

SURGEON OF THE HOSPITAL, MEMBER OF THE SURGICAL AND ANATOMICAL SOCIETIES OF PARIS.

TRANSLATED BY

R. P. HUNT, M.D.

DEDICATION.

To Mons. Rayer:—

Much Honored Master:—According to your advice, I have given these lessons. You thought they might be useful, and encouraged their publication. Permit me here, to place them under your protection and thank you, in advance, for the aid your name will give them.

A. J. DESORMEAUX.

TRANSLATOR'S DEDICATION.

Monsieur Rayer—To you, from whom I have learned so much of the little that I do know, permit me, as a mark of gratitude, to place your name at the head of this paragraph.

R. P. HUNT.

PREFACE.

Nos quoque oculos eruditos habemus.—*Cic. Parad.* v.

A most characteristic progression of the medical art, as it exists at present, consists in the endeavor to find out means adapted to the direct exploration of the different organs, the careful study of local affections by the aid of these means, and the use we can make of the physical sciences, from which we ask no more empty theories, but the application of their exactness and the means by which to procure instruments calculated

to increase and perfect the action of our organs. Percussion, instituted by Anembrugger, popularized by Corvisart, seems to be the initiative of this path into medicine. We all know to what extent this method has reached at present; but yet it was only in its young infancy when auscultation was discovered and comes, scarcely yet invented, to revolutionize the curing art. Lænnec, a master of sciences, without counting this invention, which has immortalized his name, has had the glory, possibly unique, of creating, unaided, an entire branch of the art, which numerous and learned physicians, by constant study and effort, have only been able to extend and perfect since his time.

At the same time, Recamier, taking up the *speculum*, at that time unused, made from it his invention, rather, from the information it afforded him than from giving it a simpler and more convenient form. Collaborators were not wanting to complete his work:—First, I will mention my father, Professor Desormeaux, who found in this instrument a means of still further extending his knowledge, already great, in this branch of medicine. Later, M. Ricord, applying the speculum to the necessities of his specialty, used it for the purpose of establishing a fundamental point of doctrine. In a memoir read to the Academy of Medicine, he showed the possibility of discovering, even within the uterine neck, the characteristic ulceration of syphilis, which he distinctly separates from menorrhagia. At the same time, Mr. Milier modified the instrument, so as to adopt it to the various indications which it can well fulfil, used it for the purpose of enriching, by new means, therapeutics, as applied to affections of the tissues.

It was much, doubtless, to subject the interior organs to a free access of light, but still it was not sufficient; there are some parts so arranged that they cannot be examined in so simple a mode; the eye can only reach them, so to speak, by forcing its light upon them, and light borrowed from the science of physics. For the eye, the *ophthalmoscope* has been invented, *laryngoscopes* for the study of the upper part of the aëriferous tubes, and, for those cavities too narrow to admit the introduction of a speculum, I propose the *endoscope*. The first I drew

from it, was separating menorrhagia from other urethral discharges, and if M. Ricord should see these lessons, he will recognize, I hope, that the *endoscope* has furnished what he desired, in his letters, from the urethroscope, to a former pupil.

When, in 1862, I was made surgeon to Necker Hospital, I found many occasions on which to continue my researches, and the *endoscope*, up to that time an experiment, soon became an instrument of practical importance, as relates to diagnosis and treatment, and was, the following year, the subject of several articles in the medical journals.

I owe, here, a special mention of a thesis made this year, by my friend and former pupil, Dr. Portella (de Fernambouc), upon *endoscopic urethrotomy*. This is the first publication on the new method of incision for stricture.

J. A. DESORMEAUX.

THE ENDOSCOPE.

FIRST LECTURE.

The Endoscope.—The Healthy Urethra.—Acute Urethritis.

GENTLEMEN:—When we consider all the improvements and inventions, having in view diseases of the urinary organs, it may be supposed that this is one of the most advanced parts of surgery; but a judicious examination of the subject proves the reverse.

Really, despite the improvements added to this branch of our art, despite the numerous researches so long continued, there are still many obscurities, many diagnostic uncertainties, and much risk in the treatment. Of this, the following pages will furnish abundant proof. But, at present, let me call your attention to calculi sacked (*enchatonnæ*), the frequence of which is so often disputed; some believe these cases very rare, others are of an opposite opinion. One, of long and extensive practice tells me that they do not exist, and another, of great special experience, regards them as very rare. If this is so, I have been most singularly favored, for twice I have found them in operating, and twice, in the last year, the endoscope has shown

them; once upon a patient of Mr. Howel, at the clinic, and once upon a patient of M. Jarjavay, at St. Antoine. M. Howel proved his case by an autopsy, M. Jarjavay verified his by an an operation. Now, is it probable, if these cases are reported as so rare, that it is owing to imperfect means of discovering them?

Let us take, as another example, a very frequent disease. Nothing is more common than chronic urethral discharge. In general language, blenorrhœa, the dread of surgeons, and of patients until they determine to forget their disease and live tranquilly, thoughtless of such acccidents as may one day awake them from their security; for if there are cases of blenorrhœa which spontaneously cure, or which disappear to soon return without producing much damage, there are others, and many, which end only by producing most of the grave affections of the urinary organs.

Why have we not distinguished between these different kinds of blenorrhœa?

When a surgeon is consulted for an eye, red, painful, weeping, he seeks to discover the nature of the disease, he desires to know if he is to treat an ophthalmia blenorrhagic, syphilitic, catarrhal, rheumatismal, scrofulous, or simply traumatic; he is never content to diagnose simply an ophthalmia, and still less a hyper-secretion of the conjunctiva. In chronic discharges from the vagina, leucorrhœa furnishes a very insufficient term for diagnosis.

Why then should we be less difficult to be satisfied as regards urethral discharges, and apply to them, indiscriminately, the term of blenorrhœa, or confound them with catarrh, as if it was not an affection *sui generis*, in the urethra as in other organs, rarer only on the urethral than other mucous surfaces? It is, because in ophthalmia, by opening the lids to see the diseased organ, we see and conjoin the physical and rational signs. In vaginal discharge, the speculum and actual touch combined, is sufficient. In the urethra, however, sight has not, until recently, aided us to complete a diagnosis firmly based. We stand where the profession stood, on the question of leucorrhœa, be-

fore Recamier used the speculum in the study of affections of the vagina and uterus, with the difference that in place of a finely exquisite finger, touch can only be applied by means of inert instruments.

We spoke, a few moments since, of the different ophthalmias, to show what difference exists in the pathology of organs as they may be more or less accessible to view. Deep-seated affections of the eye will furnish a still better illustration. A few years since, every patient devoid of sight, without opacity of the pupil, was pronounced to have amaurosis if the pupil was black, glaucoma if the pupil had a greenish tint. The diagnosis was not difficult, but what is glaucoma, and what amaurosis? This was not known. As to glaucoma, there was complete ignorance. As to amaurosis, we know that the term covered many different affections, some seated in the eye, others elsewhere. Pathological anatomy demonstrated some of them, but they could not be distinguished on the living subject, and a haphazard, empirical treatment was resorted to. Until Helmtroty invented the ophthalmoscope, this uncertainty continued. This instrument was used for deep-seated affections of the eyes which, up to that date, could only be diagnosed by rational signs—the result is well known.

Glaucoma is at present considered a well-determined and well-decided lesion, easily understood by its symptoms, and of which a rational treatment has been instituted with some success. Under that term, many different affections have been discovered, which, studied separately, have much narrowed the domain of amaurosis, and will still more restrict it. Ask a countryman of Helmtrothy, to-day, what is amaurosis, and he will not tell you "that it is a disease of the eyes, in which the surgeon sees no more than the patient."

At the same time that the ophthalmoscope was commencing to be employed in Germany, a lucky circumstance, unnecessary to relate here, caused me too seek for an instrument that would permit of ocular examination of the urethra and bladder. The principle was soon found, but months passed before the URETHROSCOPE became the ENDOSCOPE. I ought to state that I was

not the first to make attempts on this road. At the time the speculum commenced its revolution in uterine diseases, M. Sigelas attempted to obtain, for the bladder, similar advantages, by means ef two concentric sounds, the inner one to permit light to reach to the depth of the viscous, and the exterior to transmit the light of two candles reflected from a concave mirror. The results were not very satisfaatory; yet, the inventor, by modifying his instrument, might have gained his end, if other work had not taken his time and attention. I learn from M. Ségalas, that when he presented to the Academy of Sciences his urethro-cystic speculum, Fresnel, on leaving, said to him, by placing the light at the side, and, by means of an inclined mirror, reflecting it according to the axis of the instrument, you will succeed. Such is the arrangement in the endoscope.

So far as I can learn, an English surgeon, M. Every, imagined an instrument mnch like mine, but it was never used. Of this instrument, I have never been able to procure a detailed account.

Then, Dr. Ag. Hacken, of Riga, has published the description of a dilator of the urethra, for the urethroscope. This instrument is composed of three metallic rods, all introduced together, and capable of being separated, with the ocular extremity surrounded with a funnel. The dilatation made, light was to be thrown through the funnel by means of a reflecting mirror. When a description of this instrument appeared, it had then not been tried, and I think that since it could have given no useful results. The inventor, moreover, only suggests its use for the anterior portion of the urethra, in front of the pubis. M. Hacken also proposed to examine the female bladder by means of tubes and a funnel, by which light might be transmitted as in the preceding case. Both of these experiments, I feel justified in saying, are unavailable.

Thirty years, at least, have passed since the efforts of M. Ségalas were made, and no one, to my knowledge, thought further of the possibility of using vision in the study of urinary diseases, until, in the fall of 1852, I commenced to investigate them. Towards the end of the same year, I placed in the hands

of the Imperial Academy of Medicine, a sealed paper, and on the 29th of November, 1853, I showed the instrument, about as it at present is used. I continued my attempts, and two years later, in a new communication, I gave the results of my first experiments. In 1855, the Imperial Academy of Medicine, appreciating the endoscope and what might be gained by it, rather than my services, already recognized, gave me the honor of dividing the Argenteuil prize, after experiments made before the committee.

The instrument was known, but it was necessary to prove its efficacy and adaptability. When, in its infancy, it was shown to some of my colleagues, one of whom remarked:—"We can see well with your instrument, but what is the use of seeing?" This was a question I was not prepared to answer, save by generalities, and so I thought it best to keep quiet for the time being. Now, however, after longer experience, I can say *what good sight does in the study and treatment of these diseases.*

The principle upon which the endoscope is constructed is very simple. A sound suited to the passage it traverses, to transmit the rays of light, a mirror pierced in its centre and placed obliquely at the face of the sound, for the purpose of throwing a faggot (so to speak) of luminous rays parallel to its axis—such are the essential parts of the endoscope. But, as this instrument is designed to aid the investigation of deep-seated organs, too narrow for the speculum to penetrate, it is necessary to throw as much light as possible, and at the same time guard the eye of the examiner from that light. Indeed, the instrument, for examination, and especially for operations, should be manageable to a high degree, and easily directed in every way.

For the purpose of increasing the light, a plano-convex lens should be placed between the light and mirror, so as to concentrate the rays of light upon the parts of the lower extremity of the sound or catheter. Opposite to the lens, there is a concave mirror, the centre of whose spherical surface coïncides with the lighting points, so as to reflect the rays of light received by it, according to their angle of incidence, and to cause them to strike the lens as if directly thrown upon it.

The means of lighting are of great importance. The luminous points near the focus of the lens are useful, the others are useless, if not injurious. Hence, it follows that we must have an intense light of small volume. Large flames will not do; candles, oil-lamps, and petroleum are useless; gazogene (a mixture of alcohol and turpentine) seems to me the best, its flame is intense but small. and the lamp well adapted to the instrument. Before I settled upon this lamp, I thought of the electric light, but it is too cumbersome to be carried around, and requires an assistant. It would, moreover, double the price of the instrument. Sunlight, so convenient for the laryngoscope, would not answer for the endoscope, because its rays cannot be controlled, and we must control light to make it useful in the employment of the endoscope.

There is yet another light that I believe may be good, but that I have never tried, it is the Drummond light. It might be useful in an amphitheatre, but would be difficult to use in private practice. Gazogene is, at present, according to my idea, the best.

[The author then goes on to describe the endoscope. To do this effectually, many terms, mechanical and physical, have to be used. Of some of these the dictionaries are often silent, others are so abstractly defined that none but a mechanician or student in natural science could understand them.]

(He says it is adapted to the study of the urethra and bladder; also of the neck of the uterus, but not of the internal surface of that organ, which cannot be explored without previous dilatation.

In the rectum, he says, this instrument lets us make profound, deep-seated examination, "so that I have been able to examine strictures beyond reach, and ulcerations also beyond the finger's touch."

He expects to publish, at some future time, the results of a pilous cyst of the ovary, with a fistulous opening, frequently examined by the endoscope. In wounds, this instrument, he says, may be very useful. Though a bullet may be recognized by the common sound, we may be called on to see it.)

Now let vs commence the study of the urethra:—

In the commencement of this subject, let me call your attention to the fact that the ENDOSCOPE does not act as a substitute for all other means of exploration, but only completes them, in adding touch to sight. Thus, before using the endoscope, we shonld use all other means of exploration, and especially of metallic sounds and of bougies with rounded ends. This examination will prove useful, not only as to our diagnosis, but will also direct us as to our use of the endoscope. Thus we will find out the sensibility of the canal, its deviations, and the obstacles which it presents; we can pursue the points upon which we should especially direct our attention.

If the canal is free and readily admits the sound of the endoscope up to the bladder, we should take advantage of it, and examine its whole length. If there is nothing to indicate to us the seat of the lesion, we may rest assured that we will find it, and if any sign, such as exalted sensibility, denotes a local affection, a complete examination will serve to show if any other point is affected.

An endoscopic examination should, as far as practicable, be made in a darkened room, as should all other examinations requiring artificial light; though a demi-obscurity will often answer, complete darkness is the best. As for position, the patient should be placed as if to be examined by the speculum. That position is well understood by all.

Before proceeding to the examination, preparation must be made for cleaning out the part examined. This is done by carded cotton so carried in as to wipe out all fluids calculated to obscure the view and keep it off the diseased structure.

All being ready and the patient properly placed, the sound is gently introduced as far as the vesical orifice. This we can judge of by the direction it has taken, by the depth it has penetrated, and also by the resistance it has to overcome before going farther. This resistance once perceived, we should be careful not to overcome it, for fear of going into the bladder and filling the sound with urine, and to empty it is an operation fatiguing alike to surgeon and patient.

It is unnecessary to say aught about the introduction of the sound. The introduction of the endoscope must first be based upon a knowledge of introducing this common and important instrument.

In moving the endoscopic sound forth and back, it will be found necessary to remove, by pledgets of lint or of cotton, such fluids as may obscure the view of the mucous membrane, be they mucosities, or only the oil used in greasing the instrument.

Whenever anything diseased is thought to be seen, it is necessary to clean out, and sometimes it may be well to pass the instrument near the bladder. By such movement, there is a change in the appearance of the mucosity under the lights, and certain details may be detected which would otherwise escape notice.

It sometimes happens that, in removing mucosities, the cotton, badly fixed, slips off. If the examination is over, withdraw the instrument and the cotton is thrown out at the first urinal emission; but if the examination is not over, if it is feared that the stream of urine may be too weak to throw it out, or if it is impregnated with a caustic which we do not wish to continue too long in the canal, it can be easily removed. In case of a preconceived obstacle, once reached, do not attempt to pass it. That is generally the point to study it, and the anterior portion of the canal can be investigated in withdrawing the sound.

To understand the diseased condition of the urethra, we must first understand its healthy appearance, and then we will commence.

The internal surface of the urethra, in its healthy condition, is smooth and polished; the endoscope shows neither the lacunæ of Morgagni, nor the orifices of the excretory ducts which cover its surface. This can be readily understood by the difficulty of finding them, even when the canal is largely opened; fortunately, it is not necessary to see them unless diseased. The same is true with reference to the ejaculatory canals. I know it has been claimed that they could be seen by means of the endoscope, but I have never done so, and I must think that an observer, in such cases, has been a victim to illusions which he

might have avoided if he had kept more in mind the rules of examinations and dissections. The verumontanum is not visible; at least, I have never seen it, and I think its lack of consistence renders it liable to be obliterated by the sound.

Generally, authors describe the appearance of the urethra according to its appearance after death, thus, according to them, its color varies in its different portions. These different colorations are all of cadaveric origin. The blood, obeying its weight, collects in the most dependent parts, and soon, by imbibition, stains parts less elevated, whilst all others, more elevated, remain uninjected.

M. Sappey understands this; by removing the blood from the veins, by means of water injections, he has, in a manner, proved that the mucous membrane is without color throughout its whole course, MM. Rickert and Jarjavay describe it as slightly yellow. Such is, undoubtedly, its color during life; only this yellowish tinge, which is the foundation of the coloration, is more or less intense in different persons. It thus takes on very much the complexion tint of the skin, a circumstance often mentioned by those to whom I have shown the healthy urethra. This tint is uniform from near the meatus, where it is more red.

It is generally believed that the mucous membrane of the urethra forms longitudinal pleats. This opinion is the result of opening the canal lengthwise, or else by dividing it transversely by sections. This last is certainly the truest method, as the first-mentioned permits the mucous membrane to pleat in any but a natural way. Transversal pleats have also been described: M. Sappey denies their existence, and attributes their discovery to a desire to make a name. I must say that such reasons have often been used to excuse the difficulty of penetrating to the bladder with a small-pointed sound, and that too though a healthy condition of the canal existed—these pleats may be produced by the improper introduction of this sound. I must confess to have sometimes, formerly, encountered them, but I attribute them to the before-mentioned cause. The endoscope has never shown me anything like them. As to the longitudinal pleats, they are not very marked, but they can be seen by

the endoscope. In withdrawing the instrument and following the axis of the canal, the mucous membrane can be seen to contract upon the end of the sound, but when these pleats form after the urethra has lost its elasticity, they are at a certain distance from the instrument. Thus the walls of the urethra, in closing, form a funnel, the summit of which is truly pleated like a (*cul de poule*) pullet's tail.

These pleats are not so regular as anatomists generally state them to be; their number and disposition is irregular, they vary according to the direction of the sound, and by pressing the sound upon different points of the urethral circumference, this linear contraction can be caused in the part pressed. It is necessary to be familiar with the manner in which the urethra closes over the sound, for if it does not do so uniformly and regularly, we must believe that there is a pathological alteration, by which the suppleness of the walls of the urethra is impaired.

Now that we know the normal condition of the urethral mucous membrane, as shown by the endoscope, we can investigate the diseases of the same membrane. Let us commence by acute urethritis, a disease which plays an important part in urethral pathology, and which may, in some means, be considered as the father of many complaints.

Writers have frequently confounded urethritis with blenorrhagia, this, I think, is a great error. Urethritis is a disease, an inflammation, produced by many causes. Blenorrhagia is a disease produced by a special or specific cause, and transmissible contagiously, always preserving its peculiar characteristic of transmitting effect to cause, or, if you wish, cause to effect.

Blennorrhagia being more frequent than all other urethrites, may possibly be the cause of all the confusion existing in this diagnosis. Now we must state that, according to the symptoms alone, the difference is slight, and only found out in the march of the disease, and its cause, when chronic and when the lesions are consecutive. So long as the acute stage continues, inflammation dominates and masks the peculiar characteristics of each affection.

In this respect, urethritis is like other inflammations; similar examples exist in all the organs. Suppose, in a case of orchitis, seen for the first time, you wish to distinguish, at once, the class to which it belongs, many times you cannot tell whether it is due to a contusion, a blennorrhagia, to epidemy—or mumps and consequent inflammation of the testicle, or if it is the commencement of a tuberculous orchitis; if closer and more decided examination of causes, and of other organs, does not enlighten the diagnosis, it will be necessary to abide your time, until the progress of the disease may enlighten you. Is another example needed, the pathology of arthritic blennorrhagia differs but little from orchitis, and it is not difficult to find cases in which we cannot tell the origin of the disease. When a knee is painfully inflamed, with acute or sub-acute effusion, attempt, throwing aside causes, relying only on the local symptoms, to decide if the arthritis is rheumatic, traumatic, or blennorrhagic; this you can but rarely do, and oftentimes the march of the disease will not enlighten you. I recollect a case at the Cochin Hospital, embarassed with such symptoms as to render it almost impossible to distinguish the kind of arthritis I was treating; the inflammation was not very acute, there was but little fever, and, though the knee was the seat of a painful effusion, the patient, according to his say-so, had only felt a sensation of weariness, the result of overwork, by which to explain his feverishness. The local symptoms consisted in a hydarthrus, with considerable pain, caused either by motion or pressure; at first, the skin a little warm, but not red. Now for the cause: the patient had an old blennorrhagia, had frequently felt rheumatic pains, and, when attacked as I mention, was engaged in weeding in damp ground, the affected knee being down. I must confess that the patient was cured without my ability to diagnose whether the arthritis was blennorrhagic, rheumatismal, or traumatic.

These examples are sufficient to show that in relying alone, as has been proposed, upon a concurrence of the symptoms, for the purpose of establishing the nature of urethritis, we may be deceived, as has happened, and confound under the same name

traumatic, hepatic, catarrhal, blenorrhagic, and other discharges. If the term blennorrhagia is to be employed as the designation of all urethral discharges, then I cannot tell how to term that species of urethritis which is the common, the most important, and the best characterized, that which is generally understood by blennorrhagia. We will acknowledge inflammation of the mucous membrane of the urethra can be caused by whatever may give rise to inflammation of other mucous surfaces, but at present our attention will be especially directed to blennorrhagia, the most important, and we will only touch upon the others, for the purpose of distinguishing. It is not intended to give here a complete history of this disease, but to seek what lights the endoscope can add to those already possessed by science.

What I just said of the different inflammations of the urethra will find its proof in what is to follow on the same subject, but, for the present, we must admit, in anticipation, that by blenorrhagia, we understand a disease always due to contagion, and which, in its complete development, if it does not cure spontaneously, or by proper treatment, passes to a chronic stage, and finally terminates in stricture of the urethra, which is its last stage, as a cicatrix is the last stage of ulceration.

Some days after contamination, the patient feels a burning towards the meatus, then itching, and then pain, which rapidly increases. The lips, too, of the meatus are glued together by thick mucus. The pain soon extends up the urethra, the entire length of which it invades in a few days; and it can even reach the neck of the bladder, where it produces symptoms which we are not here called upon to study. We only mention the tendency of the inflammation, commencing at the meatus, to extend to the superior parts of the canal. In proportion as the disease extends, the discharge increases, becoming yellowish or greenish, according to the intensity of the inflammation, to again assume the white color of muco-pus as the pain diminishes. Endoscopic observations have enabled me to follow the march of the disease, and to recognize by the sight (*de visu*) the characters of the inflammation. During the first few days, whilst the disease is in its most acute stage, the examination is impos-

sible, on account of the intense pain caused by the introduction of the sound. The most recent case that I have examined was of eight days standing, and it is rarely we can explore the urethra so soon as that. At that period, the inflammation extended to the anterior half of the canal; through this extent, the mucous membrane was of an intense redness, it is without polish, and presents the appearance of the superficial which form upon the glans in balanitis; in other words, it had the appearance of a mucous membrane inflamed and derived of its epithelium. In more advanced cases, the lesion does not change its character, but extends nearer the posterior portion of the canal. It finished, in this way, by successively reaching the bulb, the membranous portion, and the prostatic portion, which I have only found diseased after six weeks or two months duration. At this period, an important phenomenon takes place, one which all of the exterior symptoms would not lead us to anticipate. The anterior part of the urethra reässumes its healthy condition. In some cases, indeed, whilst the inflammation possessed all of its peculiar characters in the bulb and membranous region, the anterior portion of the canal presents a polished surface and natural color. The prostatic portion, in which this disease may also locate itself, was also cured in many cases, for it has frequently happened that I have found the characteristic lesion confined to the bulb, whilst the anterior and posterior portions were healthy, in cases which had presented all the signs of an extension of the disease to the prostate and neck of the bladder. I have several times had occasion to exhibit analogous cases in this amphitheatre.

Reduced to a limited extent, the inflammation seems to become deeper seated, the redness of the mucous membrane is more pronounced, its surface more uneven, its surface is not simply unpolished, it presents salient points more and more numerous, and tends, too, to take on the characters of the lesion that we will soon study in speaking of chronic blennorrhœa and of commencing strictures. In a word, at this period of its march, blennorrhagia is upon the point of passing into the chronic state, if it has not already reached it. We will follow its ulterior evolutions in our next meeting.

But I must, at once, cause you to observe that it is difficult to admit, as has been attempted to be established, that blennorrhagia propagates itself by an inoculation, step by step, little by little, of the secreted matter, since we see parts retake their healthy status and not again become diseased, though constantly bathed by the muco-pus coming from uncured portions.

We can conclude, from these observations, that those authors who, like M. Cruveilhier, state that the discharge comes from ulceration, are entirely right, as the mucous membrane presents all of the characters of superficial ulceration. But let us pass to the study of the lesions which may be confounded with the one we have just described, and let us commence by recalling the fact that in acute inflammation the local mucous lesion varies little or none, according to circumstances, and the distinctive local characters scarcely commence to show themselves until the malady passes into the chronic stage.

Acute urethral inflammations, not blennorrhagic, are due to causes traumatic, herpetic, or catarrhal. Traumatic urethritis is almost always caused by solid foreign substances introduced into the canal, either accidentally or with a surgical intention, such as sounds or bougies, or by fluids, as injections. Such cases of inflammation are rarely very acute; often the endoscope shows only a simple redness of the mucous lining, which otherwise retains its natural smooth condition; if greater acuteness occurs, the epithelium becomes detached and the red surface is at the same time roughened, as in blennorrhagia. The tendency of the disease is towards cure as soon as the cause is removed, it does not migrate towards the interior, as we just described, and becomes extinct through its whole extent at the same time, without contracting upon one point of the urethra. It must be understood that we are now speaking of simple traumatic urethritis, and not of that which, finding in the membrane alterations consecutive to blennorrhagia, excites their reäppearance and leaves them to continue after they (the traumatic) are removed. This subject will soon be rendered clear by the study of the endoscope in blennorrhæa.

Herpetic affections can, undoubtedly, cause acute urethritis.

Acute herpes, especially in children and men who have not had sexual intercourse, is one of the most common causes of balano-posthitis, and discharges are frequently met with which it seems impossible to refer to aught else than herpetic patches in the canal. But, up to the present, I have not directly observed them, at least in acute discharges, though they may be seen in the chronic flow. I will only remark that, in such a case, the affection presents all the mobility of acute herpetic diseases, and there is such difference in the march and irregularity in the seat, as sometimes to guide in the diagnosis.

Catarrhal urethritis seems to be rare, as I have already stated. I have only met with two cases in the acute state, or, if I have seen it in other cases, twice I have observed it under such circumstances that I was perfectly sure contagion had nothing to do with its etiology. In my two cases, it seemed like the last phase of an acute general catarrhal affection; in one of them, then my companion and now my confrère, the disease commenced as a coryza, then extended to the bronchia, then to the digestive organs; at last, after more than three weeks, just at the moment when, the intestines throwing it off, the patient thought himself cured, the fever greatly increased, accompanied by pain in the kidneys, then a vesical catarrh, and, at last, by an acute urethritis, which, in its turn, disappeared, having resisted both copaiba and cubebs. In this case, and in the other, which it is unnecessary to relate, the urethral pain, starting from the neck of the bladder, extended through the whole length of the canal, following a route inverse to that demonstrated as usual in blennorrhagia. This march, I think, may be considered as constant in urethral catarrh, and can serve as a diagnostic base.

Though, in acute urethritis, with which we have just been occupied, the endoscope does not play so important a part as in the chronic affections which will be the subject of the ensuing lectures, I believe, however, that we owe to it the ability to establish a marked separation between affections generally confounded, and of the diversity of which, I think, you can no longer be doubtful. This distinction will soon be more clearly

drawn, and will enable us to comprehend how an affection, hitherto regarded as unique, in spite of the absence of sufficient signs, is sometimes contagious and sometimes not, disappears in one case not to reäppear, and in another returns without apparent cause, and continues indefinitely without giving rise to grave lesions, and at other times terminates in stricture and its consequences.

SECOND LECTURE.

Blennorrhœa.—Granular Urethritis.

GENTLEMEN:—In our last lecture, we studied the lesions produced by blennorrhagia, from its inception to the moment when it loses its acuteness. We will now proceed to investigate the chronic discharges from the urethra, and, as we reserved the name blennorrhagia for the contagious affection for which it was created, so we will call blennorrhœa the chronic discharge, only, which springs from the same cause. and we will endeavor to distinguish from it especially the herpetic discharges, which have often been confounded with them, and which, by their lightness, should be to us only a secondary consideration.

Discharges of a blennorrhagic character, though often so slight as to attract but little attention, are the cause of almost all strictures, by a mechanism, the study of which we can make by the endoscope. If authors have not insisted more upon this fact, and if some have not even perceived it, it is not only because blennorrhagia generally presents symptoms too slight to attract attention, but it is also because discharges from other causes, and especially herpetic, confounded with them but without the same consequences, obscured the question and rendered it difficult to perceive the connections. And this confusion, we must acknowledge, was difficult to avoid, for, without endoscopic aid, the symptomatic differences are almost null, and certainly not sufficient to establish a diagnosis; so nothing was left but the march of the disease and the concomitants give us any clue to its nature.

We left blennorrhagia when it was confined to the deep-seated urethra, when it was fixed upon the bulbous, membran-

ous, and prostatic portions, when, at the same time, its acute symptoms were gone. According as it may persist in either of these regions, its sequences differ; so we will, at present, investigate the evils attendant upon the bulbous and membranous regions, reserving until later those peculiar to the prostate.

Blennorrhagic symptoms, when once weakened, become more and more so, so as ultimately to be scarcely recognizable or perceptible. The pain becomes more disagreeable than truly painful, so much so that patients often compare it to a disagreeable heat or burning, to a weary tickling, deep seated in the perineum, to points corresponding to the bulbo-membranous portion of the urethra. This sensation is rarely continuous; it generally occurs when the urine is about to be evacuated, and continues for some time afterwards. Often it is perceived before and after but not during micturition. Some patients do not feel it at all; but most frequently when they say it is not felt it is for want of attention, which, once called to the fact, they perceive it, as do others.

The discharge follows, in its decrease, the same march as does the pain; in some lymphatic temperaments, there are a few drops of a turbid, whitish, slightly opaque liquid, which may spontaneously escape from the meatus and not soil the linen; but generally this matter is so scarce that, without exacerbation, it is completely cleaned out by the urine. Sometimes it can be recognized in the form of filaments thrown out by the first jet of urine and found swimming in the urinal. If we wish to be assured of the existence of this discharge, it must be sought for when the patient has not for some time urinated, and especially in the morning on awaking; then, in pressing from behind forwards it is rare that we do not bring out a drop of tenacious fluid, limpid, or slightly turbid, small, usually, but visible between the lips of the meatus, which we also find generally glued together by a dry mucus, be it during the day or only in the morning; or there may exist no trace of discharge, other than viscous filaments, which extend between the lips of the meatus when they are separated.

A last sign experienced by the blennorrhagic patient, is diffi-

culty in emitting urine. This difficulty, often very great in the acute stage, diminishes and finally disappears, so that the only trouble which remains for some time is the bifurcation and gimlet twist of the urinary jet. These two phenomena, which only occur accidentally in the healthy state, are due to the viscous mucus which sticks to the walls of the urethra and resists the first impulsion of urine, but this is only temporary; after an uncertain and unfixed time, the urine is thrown not so far, the jet is smaller, the bladder is more slowly emptied, the patient experiences a dysuria, which, if left to itself, goes on increasing.

To the acute inflammatory swelling which caused the first stricture, a chronic lesion succeeds, which favors a swelling slow in its march, but continuous in its progress, and which will, sooner or later, produce stricture with all of its consequences. Hence, we can foresee that, in every blennorrhœa, there will be stricture. Indeed, such is the case, whenever the lesion is not confined to the prostate; but we must expect to find a stricture, as it is generally understood, from the commencement. A stricture, such as will arrest sounds and bougies, is only found at a more advanced period. When blennorrhagia is near its commencement, the swelling is slight, there is, possibly, only a rigidity of the inflamed surface instead of its natural suppleness and rigidity; it is necessary, for the purpose of finding an obstacle, to use a bougie of proper size, with a bullet end, and to use it dexterously and carefully; then, in advancing upon, or withrawing towards, from behind the lesion, a gentle resistance is felt, and the patient complains of a slight pain which he does not experience, save when the bullet end of the bougie is attacking the stricture.

The bullet bougie also. is capable of aiding us in our diagnosis of urethral ulceration; it is rare that, when it encounters the characteristic ulceration of blennorrhœa, it does not show more or less of a bloody tinge, though no violence, sufficient to wound the membrane, has been used.

If we now establish a comparison between blennorrhœa and herpetic discharges, we will not find, in the symptoms just related, sufficient wherewith to establish a positive diagnosis.

The discharge is not different; the pain is more itching than otherwise, but this characteristic, though often well appreciated by the patient, is too slightly marked for us to attach much importance to it.

The urinary jet is not diminished by the herpetic plates, and the bullet bougie does not give evidence of their existence: the first of these signs is absent in commencing blenorrhœa, and the second is so slightly marked that its absence should not affect the diagnosis. In fine, these symptoms, interesting in the study of the disease, cannot enable us to diagnose between the different species of discharge, if the endoscope did not aid us in the discovery of the blennorrhœa.

In our last lesson, we saw that blennorrhagia, in its chronic state, fixes itself in the bulbo-membranous portion of the urethra, and that the mucous membrane of the diseased part, at first simply unpolished, soon becomes rough and uneven; these inequalities increase, multiply, and, in the end, become more prominent, and granulations are formed. Then the diseased portion presents a surface dark red, uneven, sown with rounded granulations, sometimes separated far apart, and then at other times so nearly together as to cover the entire diseased surface. The membrane, at this point, presents the appearance of a mulberry, according to the spontaneous remark of one to whom I showed the lesion, as well by reason of its color, as on account of its granular aspect. The granulations vary in size from a grain of mustard seed, to that of a grain of millet, or even still larger; the smallest seem to be of more recent origin.

In the cases we are now speaking of, the lesion confines itself to the bulbous and membranous portions of the canal. They constitute what we may call granular urethritis, which shows some resemblance to granular metritis, and still more to granular conjunctivitis, owing, doubtless, to the fact that, in anatomical disposition and vital condition, the urethral membrane more nearly resembles the conjunctiva than the membrane of the uterine neck. It is impossible, when we examine these three affections, not to perceive a similar lesion in all, the expression of a like malady in three different organs. The granulations

are almost always of a dark red color, often like wine settlings; but sometimes I have found in their midst other granulations, less numerous, small, and of apparently a greyish color, such as might bring it still nearer to the conjunctival granulations, as described by M. Wecker. We will return to this similitude.

These granulations may occupy more or less of the length of the canal, most frequently from a quarter to half an inch, sometimes the whole posterior part, from the termination of the spongy portion to the vesical orifice; but there is one characteristic almost ever present, it is a unique lesion, be it ever so much or so little extended, there is no interruption between its two extremities, there are no isolated places, separated by healthy surface. The granular ulceration is only found in a single point, more or less extensive; before and behind the diseased portion there is a redness that diminishes as it recedes from the seat of the granulations.

The herpetic ulceration is very different, and, with some attention, it can be readily recognized. But, before entering upon this subject, gentlemen, I ought to advise you, that if I use the word herpetic, it is only because this species of ulceration corresponds exactly with the herpetic plates that we observe upon the skin, upon the lips, and the neck of the uterus, and not because I regard them as products of the dartrous affection. On the contrary, I think that many of these ulcerations are of an arthritic nature, according to the circumstances under which they are produced, and the characters of the external eruptions with which they are often allied. I adopt in this, the ideas of M. Bazin upon gouty affections.

Not yet having the local signs which will enable me to distinguish between arthritic and herpetic ulcerations, I confound them together under the most popular denomination. Generally, the herpetic ulcerations are multiple, they are found in different parts of the canal; besides, they have a fleeting character, such as are seen in aphthous affections of the mouth or on the uterine neck. The patch which we have found in our examination is not often re-found, but others are found in different places. These ulcerations differ from the granular spe-

cies, by being generally of much less extent. We must add that the characteristics are different; their surface is not granular, often it is only unpolished, as in the case of aphtha attacking the inside of the jaws, or in those cases where plates of epithelium are removed from the mucous membrane, as is frequently the case in the buccal membrane with those who smoke much. They approximate, then, blennorrhagic ulcerations of recent date, but the characteristics which I have just given you are distinguishing, and, moreover, we cannot confound them, if we remember that in blennorrhagia the ulceration appears to its best advantage when the inflammation is still at its most acute stage.

There is still another form of herpetic urethritis, which seems to be more deeply seated; of this I have just shown you a case. The ulcerations presented by this affection vary less, as to their seat, than the preceding; they are of uneven surface, and, without attending circumstances, a superficial examination would induce us to call them blennorrhagic ulcerations, just forming; but a more considerate examination shows us that, instead of prominences, the irregularities are caused by depressions. Whilst the granular surface may be compared to a mulberry, it is more like the depressions which we find in an orange skin, or in a tailor's thimble. Before going further, permit me to compare these affections of the urethra with similar affections of the uterine neck. In this last organ, granular ulceration is the same as in the urethra. Since I commenced studying the distinctive characters of this affection, about five years ago, at the Loucaine Hospital, I have never seen, upon the same subject, but one kind of granular ulceration, commencing in the lips, or else in the cavity of the neck, and extending more or less, but never separated by healthy surfaces.

The herpetic plates are most frequently multiple, and irregularly scattered upon the surface of the neck, and often show depressions and small cavities, such as we have just described, and such as we have compared to those on a thimble. When we examine, on the uterine neck, very recent herpetic eruptions, we frequently find small vesicles grouped; but if on the mor-

row an examination is made, the vesicles are not seen, but, in their stead, gutters, (*capules*,) the formation of which is, to my understanding, very comprehensible. Though I have never seen these vesicles in the urethra, I think these same gutters (*capules*) should form there by the same mechanical influence; but they must be less persistent, on account of the different anatomical formation of the two different organs, and, consequently, less easily found. But they constitute, no less, a decided point in differential diagnosis. The distinction which we just established amongst the different characters of discharge, often confounded, and which the employment of the endoscope enables us to refer to lesions of very different natures, will enable us to comprehend the peculiarities which have been observed in the march of blennorrhœa, as it has generally been understood. Blennorrhœa, or granular urethritis, synonyms, according to my view, are partially chronic in their nature and tend decidedly towards stricture.

The pain, or rather the tenderness, which replaces it, augments or decreases with time only; the same is true with refer- to the discharge, but the trouble in discharging the urine goes on increasing, and dysuria, at first slight, insensibly increases to an extreme degree, until stricture is entire and complete. The course of this disease is affected and influenced by but few extraneous circumstances. Atmospheric influences and changes of the seasons are without visible effect; improper diet and fatigue are alike inert to produce an increase of pain or discharge, but sexual intercourse will increase the violence of the symptoms, and often re-bring, for some days, a sub-acute inflammation. When the affection is of long standing, and a stricture, already formed, is surrounded by an inflammatory engorgement, too much driving, horseback, or carriage exercise may increase the dysuria. The same is true, with reference to an excess at table at any time, but a few days puts all right, and all goes on in its uniform order.

We see, also, discharges which completely disappear and then reäppear, with all of the accompanying pains, and know no reason for it; we see them, not very rarely, break out once or

twice a year, sometimes more frequently, but always about the same epoch, most frequently in the spring, and then in the autumn; and then, if I follow my own experience, winter succeeds, third in order—the hot season is least of others prolific in such cases. I have met with cases recurring every spring, for several years, forming what is called repeated blennorrhagia (blennorrhagia à répétition); others, I have seen, after a considerable lapse of time, and especially after a decided change of weather, to harsh, cold, or damp. In similar cases, the endoscope will show in some part of the urethra, be it above or below, frequently in many points, herpetic patches such as I have described, but it will not show granulations. The season most favorable to the production of rheumatismal affections is most favorable to the production of this, thus I will call your attention to the propriety of connecting these affections with those of the tegumentary system, classed by M. Bazin as arthritic (*arthritides*).

Does true blennorrhœa ever reäppear? Decidedly not, provided the cure has been complete; but if granulations remain after the external symptoms have almost entirely disappeared, we often find a variety of repeated blennorrhagia (blennorrhagia à répétition.)

For a long time, I saw a patient who had left off treatment before the cure of the granulations. According to his own expression, there was a slight humidity of the urethral canal, and the emission of urine was slightly disagreeable, but so little as not to cause any especial annoyance. Each time, however, that he had concupiscent connection, he asked of me the aid of the endoscope, which always showed granulations as large as ever. Traveling, drives, and horseback exercise produced no effect, but, invariably, sexual connection brought on a relapse. Similar cases are not very rare, you have all seen men who cannot employ their genital functions without becoming subject to a discharge; whenever I have examined such, I have inevitably found urethral granulations.

As I have already said, the march of blennorrhœa is essentially chronic; we will follow it in our next lecture, up to the

moment of its disappearance, after having produced stricture; but without proceeding so far it may last months, and even years, without losing its granular character. I will here mention the particulars of a case in which the granulations continued for above eleven (11) years. I have seen cases of longer date, but the following, the first of the kind subjected to an endoscopic examination, furnishes a complete example of the affection:—

D. came to me in October, 1855, with an acute orchitis. He assured me that for a long time he had not had blennorrhagia, but a slight and clear discharge remained as a sequence of an acute blennorrhagia contracted in 1846. Generally he paid no attention to it, but whenever he squeezed his urethra before urinating in the morning, some drops of clear but stringy fluid were discharged. I soon found out that his urinary jet was very small, twisted, and fell almost vertically. The epididymitis once cured, the patient, somewhat embarassed by dysuria, submitted to a full examination. In the bulbous portion of the urethra, I found, by aid of a bougie, a stricture, the passage of which was painful and blood came back on the bougie, the retracted part of the urethra was about four lines in extent. I applied the endoscope, and found, at the point of the stricture, an inflamed surface, red, and covered with granulations of the size of a grain of millet, some larger, some smaller. In a word, the case was similar to an affection of the uterine neck. In withdrawing the sound, the granulations disappeared and a temporary redness only remained; all other parts of the urethra were healthy to the meatus.

Once this lesion found out, it strikes me that the nature of the disease is explained; it is easy to comprehend the persistence of a discharge kept up by granulations similar to those often found in the conjunctiva and uterine neck. This ulceration also accounts for the chronic subjacent engorgement which produces the stricture. These granulations, so often found, notwithstanding what many authors say, these persisting discharges often complete dilatation of the strictures to which they were attributed, and which reäppear as soon as the use of bougies is stopped, are the cause of this trouble.

Although I concluded to treat this lesion of the urethra as I would a similar one in the uterine neck, and following from cause to effect, as existing between ulceration and stricture, I concluded to use no direct means against the last named.

The endoscope, moreover, enabled me to act upon the diseased part, as we do by means of the speculum upon a diseased uterine neck. A concentrated solution of nitrate of silver, placed upon the diseased points by means of a canula, and the effects of which I could verify by sight, sufficed. These cauterizations were repeated every three or four days. During the interval, the patient used an injection of the decoction of roses (*de peonies*). Though the injection was one part of silver to three of water, the pain was moderate.

This treatment, commenced the 5th December, 1855, was continued more than a month, when, on the 25th January, 1856, I passed the sound into the bladder. It passed the stricture without my perceiving any obstacle, and filled, entirely, the whole anterior portion of the urethra. Thus, it was evident that the stricture had disappeared, simply because the granulations had. I could then examine the whole of the urethral mucous membrane, from end to end. The prostatic region was slightly red; this redness was never decided in the membranous portion, and towards its union with the bulbous; granulations, somewhat ulcerated, were found, but scarcely visible. Moreover, the patient assured me that he urinated as well as when young. These cicatrizations were sufficient to abolish all trace of these granulations; then he continued the treatment for two days and then stopped. A few days afterwards, the discharge ceased entirely, and the bougie, upon its introduction, met with no obstacle. The endoscope showed only a slight redness in the affected part, and at the same time the stricture had disappeared without any special treatment. This case I have watched for eight years, the cure is complete.

I have described to you, gentlemen, the normal form and appearance of the urethral granulations; but they do not always present the same characters, as you will see in the future. Really, in many of the granular affections of the urethra, the

granulations swell, lose their hemispheric form, become softer, and take on the appearance of fleshy granulations. Then, in the field of the instrument, we find a surface similar to that of a suppurating sore. The movement of the sound will enable us to judge of the consistence of these conical formations (*bourgeons*). When this transformation takes place, the discharge becomes more abundant and more purulent, so much so as to stain the linen. It seems that the erosion is deeper seated, even ulcerated, at the same time it much more readily bleeds. This alteration may be much more complicated: the depressions may become larger, softer, more unequal, nearer together, and of a dark red color (*lie de vin*), the ulceration takes on a fungous form, bleeding at the slightest touch, and of sweating blood, as it were, so as to conceal the other parts; wiped off, it almost immediately reäppears, scarcely giving time to see the ulcerated surface. It is not even rare to see these fungosities bleed so readily, that the gentle passage of a bougie may cause the discharge of blood from the meatus. This same form of granulation is found in the conjunctiva, but it is especially and frequently found in cases of granular metritis. Thus, we find this same granular affection in the same organs most frequently attacked. When, by means of caustic applications, the vegetating character of the surface is lessened, the granulations retake their ordinary appearance and furnish evidence of the true character of the disease.

We have seen that these granulations last long; left to themselves, they cure, leaving after them a lesion which remains as long as a cicatrix after a wound. Let us now proceed to study their termination. They cannot exist without a sub-acute inflammation in the mucous and sub-mucous tissues; hence, the swelling of these parts, and, consequently, the stricture, a stricture at first scarcely observable, but which, gradually increasing, ends by becoming a decided obstacle to the emission of urine. During an uncertain period, this swelling, increased by the infiltration of lymph, not yet organized, forms of itself the stricture. If, at this time, the granular ulceration is cured, the ulceration disappears and, consequently, the infiltration and

stricture are relieved. The length of time during which the tissues may retake their normal condition is, sometimes great. You may remember a case I mentioned to you, in which the coarctation yielded upon the cure of the granulations, after a continuance of more than eleven years. However, so long as this condition lasts, during which the infiltrated fluids are susceptible of reäbsorption, it is impossible that they remain indefinitely in the tissues without producing changes analogous to those which are produced in external parts which may be the seat of chronic irritation, such as indurations or callosities. Besides, the inflammatory action will have reached the fibrous tissues which partly compose the urethra. Now we know that the fibrous tissue contracts under the influence of slow inflammation; thus, here is another cause of stricture, as demonstrated by M. Guérin.

When blennorrhœa has reached this point, the endoscope still shows the existence of granulations, but to cure them will not suffice to relieve the coarctation; the granular ulceration no longer controls the morbid effects which it has caused, and these effects continue to progress, independent of their exciting cause. In addition, without proper treatment, the granulations will not yet disappear. The infiltrated fluid becomes slowly organized, new fibrous elements are developed, as also elastic fibres, which, added to the fibrous tissue already retracted by the existing inflammation, causes the formation of a tissue similar to that of a cicatrix, or, rather, a true inodular tissue which takes the place of the healthy one.

In this transformation, the vascular element considerably lessens, so that the mucous membrane in that part loses its inflammatory redness and becomes paler than natural. But this is not the only change. The granulations disappear from absorption, ulceration, or because of the atrophy of the vessels which nourished them. As they disappear, the membrane, whose structure they have destroyed, takes on the appearance of a cicatrix, similar to a subjacent layers. Then the blennorrhœa is ended, the granular urethritis has terminated, and inodular stricture takes its place. It is useless to press upon your atten-

tion the parallel which exists between these granular affections of the urethra and those of the conjunctiva. Keeping i view the different functions of these two organs, we readily see that the march of the disease, its effects, and its termination are essentially the same in the two cases. It is impossible to state the time necessary to heal the affected parts.

Sometimes, a year or more may pass before the infiltrated material proves itself perfectly organized; again, several years may pass before the disorganization of the affection can reproduce disease in which the termination shows a decided change. We have already mentioned a remarkable case, in which granulations continued for over eleven years, which yielded at length to proper treatment. But, on the other hand, we have seen cases with a remarkable slowness in adapting themselves to their cause.

A lieutenant in the French army, contracted a blennorrhagia in Bohemia, when this province was in the possession of France, say in 1813. When he consulted me, in 1860, he had a retention of urine, which had increased for some years. Moreover, since his first clap he had no other, but he had always had a slight discharge, to which he had paid no attention. His stricture yielded readily to the passage of bougies; but from day to day all that was gained was lost. I then supposed that the endoscope would be necessary for a correct examination and that ulceration existed. I really found the membrane very red, and many granulations, without the characteristic signs of stricture. In the treatment of the granular affection, attention must, of necessity, be paid to the ulceration; but for the purpose of conquering the stricture, dilatation must be resorted to. After the cure of these granulations, there is no rap d return, and thence patients are satisfied in passing, at long intervals, a large-sized bougie, which rarely meets an obstacle. Sometimes this granular urethritis may run on for forty years, without reaching its period of stricture, except at its second period, or stricture, where the former effusion is dependent upon a pernicious affection. I mention this fact as the longest limit of the disease, as reported by M. Ricord.

THIRD LECTURE.

Complications of Blennorrhœa.—Strictures.

GENTLEMEN:—We have followed blennorrhœa from its commencement up to its disappearance and when stricture succeeds it. Before examining and describing this disease, let us give some time to those cases which may complicate the preceding periods. The peculiar complications of blennorrhagia are cystitis, ophthalmia, arthritis, and orchitis. I shall spend but little time upon the first three named affections.

Cystitis is a frequent complication, and it is well known that it does not rarely occur during a case of blennorrhagia, and especially when this disease takes on a chronic form; but its connection with blennorrhœa has not been so decidedly marked. It sometimes happens, however, that the inflammation which accompanies urethral granulations, extends, by continuity, to the mucous membrane of the bladder. Many times you have seen patients, treated for granulations, attacked with cystitis. There are more than one case of cystitis that I could mention to you, which has been treated, after longer or shorter intervals, in various methods, without good effect, until the endoscope enabled us to see granulations in the bulbous or prostatic portion of the urethra. Often it occurs that the cystitis does not continue after the granulations have been removed, but in such cases the disease should not have continued very long, for the vesical inflammation would be too deep seated to cure itself. Many of the so-called vesical catarrhs are owing to the same cause, and are only called so because the blennorrhœa producing them has been overlooked. The herpetic and arthritic diseases may also give rise to cystitis, such as we have spoken of, and which reäppear from time to time; a careful study of the circumstances attending their development may afford us presumptive evidence of their character, but a very correct diagnosis can only be made by means of what the endoscope will show.

I have mentioned to you a case of arthritis of the knee, the cause of which was veiled in doubt; this is not often the case; the existence of arthritis, when blennorrhagia takes on a chronic

form is well known; granular urethritis, once well set up, may produce arthritis, the cause of which will be difficult to discover unless the discharge, not always easy to be found, is suspected.

There is another affection, intimately connected with urethral granulations, I mean conjunctival granulations, or, to express it better, these two diseases are only one, attacking, at the same time, different organs. We have seen that the characters of the lesions are the same, and frequently, when showing to ophthalmologists the disease, by aid of the endoscope, they have recognized it as similar to the disease they were accustomed to study and treat on the eyelids. There are at present, in Ward St. Peter, several cases of granular ophthalmia, so that you can see for yourselves that the appearance of the conjunctiva, thus affected, is precisely similar to the urethral surface, subject to blennorrhœa. Appearance, however, is not all that identifies them; these two different maladies will each produce the other. It is a well-known fact, that the blennorrhagic urethral discharge will produce a blennorrhagic ophthalmia; this ophthalmia, if prolonged, becomes granular, as in the urethra. I have several times been enabled to observe this.

Amongst others, was a woman, treated in the special dispensary, for blennorrhagic ophthalmia. The treatment applied at each consultation, but remitted in the interval, certainly much relieved the disease without curing it, and it commenced to take on a more chronic condition, when she was admitted into my wards at the Cochin hospital, with double pannus and corneal ulceration. A continued and energetic treatment brought about a cure, but conjunctival granulations were observable.

The contagion is not confined to the acute stage, it can take place during its chronicity, as Professor Thiregtias amply and ably demonstrated. He has reported cases of conjunctival ulceration, produced by accidental inoculation from urethral granular inflammation, and he has also produced granulations in the uterine neck and in the urethra by thus inoculating the secretion from the conjunctiva. I have already drawn your attention to the identity of these two affections; the same is true

THE

CHICAGO MEDICAL JOURNAL.

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EDITORIAL.

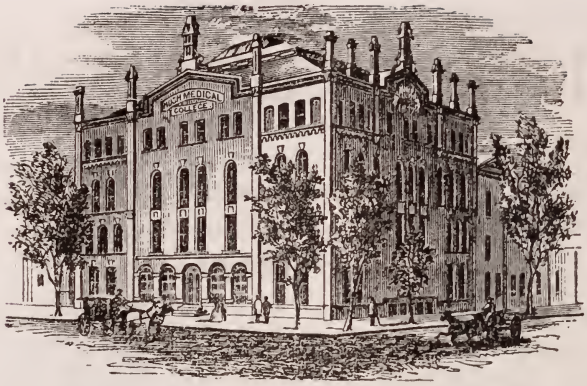
Double Number.—April and May have been merged in one issue in order hereafter to anticipate the month in date of publication. Heretofore the plan has been to publish the JOURNAL at any period during the month whose date it bore. Unfortunately the public have grown into the habit of anticipating the time to come, and look upon anything which bears a present date as already somewhat antiquated. To save the JOURNAL the mortification of even appearing belated, the monthly issue will be published and mailed prior to the expiration of the month preceding its date.

As rapidly as possible various contemplated improvements both in the "getting up" and matter will be introduced, and the editor reiterates his promise to spare no labor or expense in its management. The present number, it will be noticed is materially improved in several respects, being printed upon entirely new type and upon paper imported expressly for its use.

☞EXCHANGES AND CORRESPONDENTS☜ are respectfully requested to address the Editor of this Journal P. O. Box 1948, or at his office, 71 Dearborn Street. No other party whatever has any interest in, or control of, the JOURNAL, in any manner or form whatsoever. Any mistakes in direction of the JOURNAL, credits, &c., will be rectified at once, by addressing the Editor as above. His office has been recently removed to its present location, but the P. O. box remains as heretofore.

DR. J. ADAMS ALLEN,

P. O. Box 1948, Chicago. Office of the JOURNAL, *Room No. 2 McCormick Building, 71 Dearborn Street.*



RUSH MEDICAL COLLEGE—NEW BUILDING.

The new edifice for the College occupies nearly the whole previously vacant space between the old building and Indiana street, covering 4,200 square feet of surface, and fronting on Indiana street. It thus presents a frontage of seventy feet on that street, extending back to, and connecting with, the old College, at a depth of sixty feet. The latter structure covers about 3,000 square feet of surface, so that the whole area covered will be something over 7,000 square feet.

The old building, preserved on account of its massive and excellent foundation and walls, is being entirely reconstructed to conform to the general plan adopted.

The new edifice will contain two lecture rooms, with six hundred and twenty-three numbered seats in each. The lower lecture room is arranged as a semi-amphitheatre, with the seats rising in an easy grade in the usual manner. By removing a portion of the north wall of the old building, and the introduction of large sliding doors, this room opens into the laboratory, 31 by 32 feet. Through this latter opening a large table is readily moved upon a track into the area, at the pleasure of the lecturer. The laboratory will be supplied with all the modern appliances, and its ventilation is thoroughly provided for.

East of the laboratory there will be a small private lecture, demonstration, or "green room," with seats for about fifty students.

In front and under the grade of the lower lecture room, are several rooms adapted for the use of the Dispensary department, Professors' private apartments, closets, &c., &c.

The upper or anatomical lecture room affords a nearly complete amphitheatre, varying only in that, instead of completing the circle, the curved lines of the seats, at a little past the centre, are extended on each side to the rear wall, forming the letter U. This particular arrangement affords the Lecturer a large arena for his demonstrations, and from its rear there is direct communication with the Museum, so that the means of illustration can be always at command.

This lecture room will be very effective in its appearance, as it will be finished, open to the roof, showing the timbering and iron construction, which is entirely new in style and design. In the centre of the roof there will be a large sky-light, tastefully designed and finished.

There are regular windows on three sides of each of the large lecture rooms, affording ample light and ventilation.

The intermediate space between the upper and lower lecture rooms will be finished off with suits of Professors' rooms, with all the modern appliances to facilitate demonstration.

The Museum, occupying the front of the old building with the exception of the upper story, will be beautifully arranged with galleries, surrounded by glass cases, and connected by stairways, the upper gallery communicating, as before noted, with the upper lecture room. The main entrance to the Museum will be from Dearborn street, and from any point in the interior all parts can be taken at a *coup d'œil.*

The general dissecting room extends over the entire upper portion of the old College building, having thus an area of about 3000 square feet. It is magnificently lighted by two large skylights and side windows upon the south and west. It is provided with numerous closets, water, gas, &c., &c., is easy of access, and thoroughly ventilated. The Demonstrator's room adjoins it upon the south-east corner of the new building, so that every part of it may be under his constant and ready supervision.

The main entrance to the College will be on Indiana street. Besides this there will be two private entrances, one from Dearborn street for the Faculty, and which also communicates with that to the Museum; the other on Indiana street for the Janitor's rooms, as he is to reside in the building.

The College Free Dispensary will be reached by the main entrance.

Four distinct sets of stairways rise to every part of the entire structure, affording ample means of ingress and egress.

The fronts on Dearborn and Indiana streets will be finished with red pressed brick with stone trimmings, including cornices and chimney tops.

The front represents four stories, but the lecture rooms occupy the entire height of the building, the Professors' rooms, &c., finishing so as only to use the intervening space afforded by the grade of the seats.

There will be a cellar for fuel and for the heating apparatus. The system of heating will be by low pressure steam, by indirect radiation and ventilating air ducts all around the main lecture rooms.

It is scarcely necessary to remark, that the Faculty have sought, in planning the building, to take advantage of every improvement suggested by careful observation of the best constructed edifices of the kind, and have spared neither pains nor expense to make it a model structure. Their instructions to the architect, W. W. Boyington, Esq., so well known for the excellence of his architectural works throughout this city and the North-west, were fully carried out, and improved, under the guidance of his cultivated taste and great experience. The completed building will be unsurpassed for its purposes by anything of the kind in the country, and while supplying the wants of the College, will be seen to be an additional ornament to Chicago, which is fast becoming a city of palaces. The cut given at the head of this article very fairly represents the completed structure.

By the strict provisions of the contracts entered into with the builders, it is to be entirely finished on the fifteenth day of

September ensuing, and from the known and established reputation of the parties engaged, there is not the slightest apprehension of a day's delay beyond that period.

It is due to the Faculty to state, that the entire amount requisite for the construction of the College is provided from their own means, no contributions or assistance having been received or asked from any other quarter.

Total estimated cost, $75,000.

CONTRACTORS.

Masonry	C. DAEGLING.
Cut Stone	MILLER & NEWCOMB.
Carpentry	T. C. BOYINGTON.
Iron Work	N. S. BOUTON & Co.
Plumbing	POWELL & PATTISON.
Painting and Glazing	J. W. WILSON.
Sewerage	C. GLADDING.

Practical Anatomy.—Our readers have probably noticed in the secular press a strongly sensational account of the arrest of a couple of American citizens of African descent *in flagrante delictu*, having in possession several *cadavera* evidently designed for some anatomical theatre. It was supposed at first, from their proximity to the institution, that they were designed for the Rush College, but subsequent investigation showed, as was in fact the case, that in that iniquity, (if it be an iniquity,) Rush College, or any of its Faculty, had no part or lot. The morning dailies touched upon the affair merely as a matter of news, without any effort at a sensation, or to inflame the ignorant prejudices of the populace. But the evening sheets ascended to the highest peak of vituperative invective, and descended to the lowest depths of hoarse scurrility in their comments upon the matter. Everything was said that could be said to excite a mob spirit, but, fortunately, the Chicago public are too thoroughly accustomed to such diatribes to rise under the plentiful ferment, and in their great wrath smite things incontinently. As imaginative exercises are necessary to secure the sale of the evening prints, this course might be passed over without

comment, were it not for the total recklessness of feeling manifested. The poor "resurrectionists," in their unpleasant and hazardous work, at least sought the cover of night and secrecy, and did everything in their power to prevent the feelings of any person from being lacerated. Theirs was a necessary work—it must be done by somebody, all admit so much; the offence if any was a Spartan one—*being discovered.* The "resurrectionist" would have scorned, even to have secured his own safety, to harrow up the feelings of friends by the slightest hint of the identity of the bodies seized. Not so the evening press. It paraded its anxiety for identification as an evidence of a peculiarly elevated type of Christian sympathy for the friends of the dead. It attacked venomously and vindictively, not only the poor scions of Africa, but some unknown party, whispered to be of higher station, as the worst of possible villains.

And when the representative of the JOURNAL, and in so far of the Medical Profession, stood in the Police Court, and risked his hardly-won estate upon the faith of the humble colored men who stood cowering in the prisoner's dock, facing the weeping friends, whose heart-wounds were torn open afresh by the incidents of the time—in his heart of hearts he placed the responsibility for all that suffering and all those tears, over which the reporters gloated in the evening press, not upon the poor tools whom Science, and Humanity in its widest meaning, had commanded to their obscure and dangerous work, but to that press which ransacked the nooks and corners of the town to find those over whose sorrows they could become sentimentally brutal, and thus sell their latest edition, illuminated with glaring capitals, and studded with thickly standing exclamation points.

The utter and shameless brutality of the act is its own damning commentary.

But whatever becomes of the present prisoners, the storm awakened by this occurrence will leave the atmosphere clearer. "Out of this nettle *danger*, the profession will pluck the flower *safety.*"

A calm, dispassionate, and very able writer in the *Tribune*

(whose article we wish our space would permit us to reproduce in full) discussed the subject in a manner, and with a force which the evening press was totally unable to meet. Never was rout more thorough—never was overthrow more annihilating.

This result, however, in itself is of little consequence—the great point gained is, that all parties admit the necessity of legislation, of which now there is a "plentiful lacking" in the State of Illinois, and in fact in most other Western States.

The secular press has in almost express terms guaranteed their support to *some* method, at least, of protection to both the living and the dead.

Let the Local Societies, the Colleges, the State Society, soon to meet, and whoever has personal or official influence with the Governor of the State, use that influence to have him name this as a subject requiring legislation at the extra session, if such a session is to be convened. If not, then bring every honorable appliance to bear on the next regular session.

Meanwhile, let it be remembered that there is now no law on the subject. Whatever bears upon it at all is but a vile opposition—an intolerance unworthy even of the dark ages which gave it birth.

The *Chicago Times*, looking at the thing practically, observes:

"It is both an absurdity and a tyranny, to hold the Physician accountable for a lack of knowledge, and, at the same time, to hold him accountable when he endeavors to supply himself with that knowledge. It is precisely the case of the Israelites, whom their Egyptian task-masters compelled to make bricks without straw.

"There are many bodies which can as well as not be used for the purposes of dissection. Every day there are men and women dying, at our public institutions, of charity, whom nobody knows, and who are buried at the public expense, and forgotten. We do not urge the giving of such bodies to medical classes *because* they are poor and friendless; but for the reason that they have no relatives to be shocked or horrified over this disposition of their remains.

"The merits of the whole question turn upon the feelings of

surviving friends; and not upon any desecration attending a dissection. It is certainly as little a desecration to contribute to human knowledge at the dissecting table, as it is to become the prey of hideous worms, or to become swollen with gases, or blackened by decay. As between the two, the former is much the less shocking, barring the tender and political affection that clings to the grave which incloses a friend.

"It is not to be expected that people will willingly or unwillingly turn over the bodies of their friends for dissection; nevertheless, they should be willing to put the Physician in a position that will enable him to achieve that knowledge which is demanded of him. To do this, he should be provided with subjects for dissection; and until this shall be done, we may be certain, beyond all doubt, that the trade of the resurrectionist will be pursued with energy. Penalties will not prevent body-snatching. The only remedy, and the true one, is to make it unnecessary, by turning over for dissection the bodies of criminals, and of friendless paupers."

The bill rejected at the late session of the Illinois Legislature, receiving the votes of "scarcely a respectable minority," was as follows:

"*An Act to promote Medical Education.*

"It shall be lawful, in cities whose population exceeds twenty-five thousand (25,000) inhabitants, to deliver to the professors and teachers in medical colleges in this State, and for said professors and teachers to receive, for the purpose of medical study, the body of any deceased person, *provided*, that said body shall not have been claimed for interment by any relative or friend of the deceased, within twenty-four hours after death; *provided* also, that no one known to have relatives or friends, or detained for debt, or as a witness, or on suspicion of crime, or of any traveller, shall be so delivered, and *provided* also, that in case the body of any one so delivered or received shall be subsequently claimed by any relative or friend, it shall be given up to said relative or friend for interment, and it shall be the duty of the said professors and teachers, decently to bury in some public cemetery the remains of all bodies after they have answered the purposes of study aforesaid, and for any neglect of this provision of this act, the party so neglecting shall pay a fine of not less than twenty-five dollars ($25) nor more than fifty dollars ($50,) to be appropriated to the health department of said cities. The bodies delivered to professors and teachers, or received by said professors and teachers under this act, shall

be used for the purposes of medical and surgical study alone, and in this State only, and whosoever shall use such body for any other purpose, or shall remove such body beyond the limits of this State, or in any manner traffic in the same, shall be deemed guilty of a misdemeanor, and shall, on conviction, be imprisoned for a term not exceeding one year, in a county jail.

"All laws, or parts of laws, inconsistent with this act, are hereby repealed.

"This act shall take effect from and after its passage."

This bill, essentially the same as the one now in force in the State of New York, or at least something like it, should be passed at the next session, even though there is no money in it for the lobby.

The Chicago Board of Health have entered upon the active discharge of the duties pertaining to their appointment. In the list of their names are to be recognized many returned army surgeons thoroughly familiar with hygienic methods, and awake to their great importance. They will see to it that this great camp of two hundred and fifty thousand "battling for life" is thoroughly policed.

As an earnest of what is to be done we give in the JOURNAL this prominent position to "Circular No. 1" and its appended paper. We shall be "amang them, takin' notes" the ensuing months.

[*Circular No. 1.*]

OFFICE OF SANITARY SUPERINTENDENT,
BOARD OF HEALTH,
Chicago, April 18th, 1867.

The Sanitary Inspectors will keep constantly in mind, the great good to society and the scientific value of the knowledge expected to be gained by the system of Health Police that has just been inaugurated in this City. It is therefore desirable that they should take special interest in all sanitary questions and keep themselves informed of what is being done at home and abroad relative to the causes which affect health or disease; thus they will contribute their share to the accumulation of knowledge which is destined to promote human life and establish sanitary science on the most permanent foundations. The value of these inspections depend entirely upon the conscientiousness, intelligence and industry of the Inspectors, which the

Board trusts will be appreciated, particularly when it is borne in mind that they involve life, health, and property.

Inspectors will be under the immediate control of the Superintendent, and will obey orders with promptness. They shall present themselves at the office of the Sanitary Superintendent as often as required by him, to receive orders and make reports; nor are they to consider that their duties are limited to the district to which they may be assigned. They are to watch over all cases of small-pox, malignant fevers, or any contagious and infectious diseases, and if the patients are removed, follow them with their supervision. It is a matter of great importance that they should familiarize themselves without delay with the sanitary condition of their respective districts, commencing their inspections in the sections of it where sanitary reform is most needed, and devoting special attention to the localities in which cholera prevailed during the past summer, diligently searching for all local causes of disease, especially in over-crowding, in the lack of proper ventilation, drainage, and water, (and the influence of manure, garbage, &c., in such common use for filling up lots in this city,) and if possible to indicate in their reports the remedy for such deficiencies when found. The Inspectors shall every Saturday make a written report to the Superintendent, stating what duties he has performed during the past week and also such facts as may have come to his knowledge connected with the sanitary affairs of his district or the city, worthy of the attention of the Board, or as its regulations may require. All the forms for making reports must be filled up legibly and minutely, and any information added that will throw light on the subject under investigation. Reports should contain the name and position of the person making it, the date when any matter was inspected, the streets, avenues, and alleys, if any, between; how many lots the same is upon, the names of the several owners, tenants, and occupants of each, so far as ascertainable, reports should specify what part of the thing reported upon is on each lot, and (except in case of the regular general reports of Inspectors, and upon which no order of the Board is to be founded,) there must be a separate report on a separate blank for each thing and lot reported upon, except, that when one building or business owned, tenanted, or occupied by the same person covers several lots, only one report need be made; and in cases where it will facilitate the understanding of the thing complained of a simple diagram of the premises should be sketched with a pen on the margin of the report.

Care must be taken to secure accuracy in reporting owners, tenants, or occupants. In regard to each and every nuisance reported upon, the officer making the report should state his opinion that it is dangerous to life and detrimental to health.

In addition to the duties already imposed upon the Inspectors, they will promptly investigate and report upon any special complaints which may be referred to them by the Superintendent, and also pay particular attention to the character of meats and other articles of food offered for sale in their respective districts. They shall wear their badges prominently displayed when engaged in their official duties. On entering any house or premises, they must announce their authority and the object of their visit, and while endeavoring to avoid giving offence, must make their investigations minutely. If resistance is offered to the performance of their duty, they are to report the fact to the Superintendent. They will, likewise, promptly report all who violate the health laws, in order that the offender may be summarily dealt with. All questions of doubtful authority must be referred to the Superintendent for decision.

By order of the Board.

To Dr.----------, JOHN H. RAUCH,
Sanitary Inspector. *Sanitary Supt.*

METHOD OF MAKING SANITARY SURVEY TO BE FOLLOWED BY INSPECTORS IN THEIR RESPECTIVE DISTRICTS.

1. Examine each square thoroughly before proceeding to the next in succession in the same range; complete the inspection of all the square comprised between two contiguous parallel streets from one extremity of the district to the other, returning upon the range of square parallel and adjacent to the first to the beginning of the district; to start again upon the third range and return on the fourth, as before; and so proceed to the end.

2. The examinations should be made, as far as necessary, from house to house, and should be thorough.

3. The leading subjects of inquiry are comprised under the following heads, with such amplifications as the experience of the inspector or circumstances may suggest:

Section I.

1. No. of district.
2. Boundaries of district.

3. Superficial area.
4. No. and names of streets and parts of do. and alleys.
5. Superficial area of streets and parts of do. and alleys.
6. No. of blocks.
7. Superficial area of blocks.
   a—Superficial area of blocks covered by buildings.
   b—Superficial area of blocks, yards, and courts.
   c—Superficial area of blocks, and vacant lots.

Section II.—Grade and Pavement.

1. Maximum height above Lake level.
2. Minimum height above Lake level.
3. Depth to clay.
4. Character of material used in raising the grade.
5. Streets raised to grade, with area of same.
6. Streets partially raised to grade, with area of same.
7. Streets below grade, with area of same.
8. Lots raised to grade, with area of same.
9. Lots not raised to grade, with area of same.

Section III.—Drainage.

1. Natural drainage.
2. Artificial drainage.
   a—No., size, and extent of public sewers, and condition.
   b—No., size, and extent of private sewers, and condition.
   c—No., size, and extent of lots drained.
   d—No., size, and extent of lots undrained.
   e—No. of houses with sewer connections.
   f—No. of houses with sewer connections, together with character of same, whether perfect, imperfect, or bad.

Section IV.—Water Supply.

1. No. of lots supplied.
2. No. of lots unsupplied.
3. No. of street hydrants and fire plugs, and distance of same apart.

10. Area of paved streets and alleys, with No., and name, and character of pavement.

11. Area of sidewalks, with No., name, and character of pavement.

Section V.—Buildings.

1. No and character of buildings.
   a—Brick.
   b—Wood.
   c—Dwelling houses, and hotels.
   d—Stores, factories, workshops, etc.
   e—Mixed.
   f—Saloons, brothels, etc.
2. Basements, and their condition.
3. Ventilation of buildings.
   a—Heating and lighting same.
4. Location and character of water closets and privies.

Section VI.—Population.

1. Prevailing character of, and No. of each class, viz.: males, females, white, and colored.
3. Nationalities.

Section VII—Hygiene.

1. Present hygienic condition, and cleanliness.
2. Sources of dirt accumulations.
3. Diseases prevailing during past year, with locality of same.
4. Probable causes of same.
5. Relative mortality.
6. Vaccination. How many.
   a—How many twice.
   b—How many never.

Criminal Abortion.—This subject, which has for a long time awakened professional attention, and has been urged upon the public conscience in all the modes of remonstrance, has of late come up in an original and, the JOURNAL is half-disposed to say, a *questionable* shape. The *Northwestern Christian Advocate*, the powerful organ of the great Methodist denomination, has taken up the topic, and devoted an entire page to its discussion. It seems to us a dangerous course to pursue, but we are not prepared to condemn it. The evil is clearly a great one,

but like other evils it is liable to be both over and under estimated. Whether more good or injury will result from bringing the crime openly before both the criminal and pure minded, is a question for casuists to determine. Thousands will thus learn for the first time the comparative facility of the act, whilst they will give no heed to the moral aspect of the thing. Of the physical evils they will take their chances. Every physician will admit having been occasionally called upon to assist in the misdeed, but the parties infallibly have some excuse which to them is a healing plaster to the sore offence.

The most sacred relations of life are being dragged to public notoriety in lectures, in published books, and broadcast newspapers. The adolescent mind is corrupted by ideas of nameless crimes, gathered largely from the advertising columns of newspapers, even of the, so-called, religious press. This article, questionable as it appears to us, we trust may have the effect, at least, to turn attention to, and cause the utter suppression of, that class of newspaper publications which pander to depraved minds under cover of affording relief to debauched bodies.

It occurs to the JOURNAL that, outside of strictly professional publications, this subject should be developed only in private conversation with patients; or such tractates as the "Why Not?" of Prof. STORER, be placed in the hands of such married people as the judicious physician, or perhaps religious pastor, might deem likely to be benefited by the perusal. Half grown boys and girls are not likely to be benefited by this, to them, curious and entertaining literature.

The JOURNAL will recur to this subject hereafter, but, meanwhile, puts on record its opinion that the apparent diminution of fecundity, appealed to as evidence of the great prevalence of this crime, is not due to the direct procuring of abortion, but to the practice of onanism, and the use of mechanical preventives—advertisements of which boldly stare out of the newspapers, (even some of the religious sort), and which are shamelessly taught in "Lectures to Gentlemen Only" and "Lectures to Ladies Only," and the utterances of which are listened to by even some of the elect.

The JOURNAL puts also on record its belief that, were professional physicians called to testify in court, they would be unanimous in the statement that they are far oftener called upon to remedy sterility, or barrenness, than to obviate fertility.

The JOURNAL also declares its conviction that the procuring of abortions criminally, save in the smallest conceivable proportion of instances, is carried on, outside the pale of the legitimate medical body, by a brood of quacks and pretenders that members of the reverend clerical profession have done more than any and all others to foster and sustain.

We are the more happy to see their chief means of support smitten by a similar power, although we believe the skirts of the *Advocate* are most uncommonly clear from this latter *peccadillo.*

Cincinnati Again.—The *Lancet* is still melancholy, and can not be comforted at the lamentable condition of Rush College. We repeat, for its abundant solace, that the last session of Rush College lacked only two days of its usual number of working lecture days. In this institution holidays are scant and few—Christmas day and New Year's day only being allowed. The interim between these days is always occupied by lectures. We repeat, as many (if not more) lectures were given the last session in Rush College as were given in any four months course, in any college on the Continent. Believe us and rejoice, Dear *Lancet!* Rush College will go as far as the farthest in increasing the amount of time devoted to the lecture term—it will go as far as the farthest in insisting upon high attainments prior to graduation.

As an *Alma Mater* it looks with becoming pride upon its *alumni*, and challenges any other college to show a better record.

Preparatory schools like that at Ann Arbor, with expenses paid by State endowment, of course must be expected to consume a great deal of time in communicating professional *milk*—but students come to Chicago, or Cincinnati, so soon as they cut their molars, and are supposed capable of masticating professional *meat* in a reasonable period of time.

Six lectures a day are not too much for any healthy, adult intellect to receive and digest. The mind of the student is strengthened, his attention and perceptive faculties are disciplined, to an extent of which the puny dawdler over four lectures a day can have no conception.

The JOURNAL is in favor of lengthening the duration of the lecture term, but in no wise looks with complacency upon a proposition to diminish the number of daily lectures. Students come to Rush College to *work*, not to see city sights or luxuriate in holidays. We "indulge a trembling hope" it is so also in Cincinnati.

Pass him Around.—A correspondent sends us a doubly distilled quack advertising sheet, illuminated (this is not a Hibernicism—Mrs. Browning writes of "raying out blackness") with portentous and hideous cuts of decayed lungs, hare-lips *et cetera*, connected by letter text wherein most wonderful cures are announced (and promised), and winding up with the inevitable "Manhood" and Spermatorrhœa dodge. The paper purports to be edited at Chicago and issued periodically by one A. S. HUDSON, M.D., who claims further consideration as having formerly been connected with Rush Medical College. Whatever may have been his former associations, it is perhaps sufficient to say that by his present course he has forfeited any professional respect or position. A man cannot meddle with pitch without being defiled, and Dr. H. has caught the double *Tar-tar*.

During the sessions of 1859–60, Dr. H. attempted a course of lectures in Rush College on Physiology and Pathology. Students in attendance upon that occasion will recollect that his course was brief enough, but scarcely glorious. We believe he retired before the close of the term, scarcely standing upon the order of his going, leaving the class to exclaim with regard to his lectures:

> "When we think how quickly they were done for,
> We wonder what they were begun for!"

However, as Dr. H. is skilled in the use of chalk, it is to be

supposed he has chalked out a course for himself from which he cannot be dissuaded. In regard to it we can scarcely say with Prince Hal:

"We could have better spared a better man!"

We mourn the defection, but not as those without hope—of being able to endure it.

This *Hudson* is passing through the *Hellgate* of quackery to the *Atlantic* of professional scorn. We pity any man who thinks he can sacrifice even a medocre professional position, albeit with limited rewards, for all the wealth which quackery however successful, can offer.

"*Why Not?*"—The somewhat peculiar title of the useful monograph noticed on another page, would scarcely have been chosen by the author had he been a resident of Chicago. The classic shades, "Under the Willow," which but recently were lightened up by the sun of advancing civilization, for many years had this sign in gilded letters over the principal entrance: "Why Not—Roger Plant's Saloon."

Copyright.—The translation of *Desormeaux Lessons on the Endoscope* has been copyrighted for publication in book form as soon as completed in the JOURNAL. The notice of entry was accidentally omitted in this number of the JOURNAL. As the whole treatise would occupy rather too much space for the ordinary compass of the JOURNAL, a considerable portion will be added as a supplement to one or more numbers, without additional charge upon our subscribers. Aside from the illustrations of the *Endoscope*, it may be safely stated that these lectures contain the best analysis of urethral affections, with references also to analogous changes in other mucous surfaces, which has yet been given to the profession.

Wants to Know.—The *Lancet*, noticing the Editorial change in the JOURNAL, is profoundly impressed with the importance of the question: "Has this change any significance?"

With uplifted castor and blandest smile, the JOURNAL is happy to answer—IT HAS.

BOOKS RECEIVED.

Aitken's Science and Practice of Medicine, with additions, By Meredith Clymer, M.D. Second volume. Philadelphia: Lindsay & Blakiston. 1867.

Obstetrics; the Science and the Art. By Charles D. Meigs, M.D., lately Professor of Midwifery and Diseases of Women and Children, in Jefferson Medical College, of Philadelphia, etc., etc., etc. Fifth edition, revised, with one hundred and thirty illustrations. Philadelphia: Henry C. Lea. 1867.

Practical Dissections. By Richard M. Hodges, M.D., formerly Demonstrator of Anatomy in the Medical Department of Harvard University. Second edition, thoroughly revised. Philadelphia: Henry C. Lea, 1867. pp. 285.

Inhalations in the Treatment of Diseases of the Respiratory Passages, particularly as affected by the use of atomized fluids. By J. M. DaCosta, M.D., Physician to Pennsylvania Hospital; Fellow of College of Physicians and Surgeons, etc., etc. Philadelphia: J. B. Lippincott & Co. 1867.

Injuries of the Spine; with an Analysis of nearly four hundred cases. By John Ashhurst, Jr., A.M., M.D., Fellow of College of Physicians of Philadelphia, etc., etc., etc. Philadelphia: J. B. Lippincott & Co. 1867. pp. 127.

Code of Medical Ethics, adopted by the American Medical Association. New York: Wm. Wood & Co. 1867.

The Indigestions; or Diseases of the Digestive Organs Functionally Treated. By Thomas King Chambers, Honorary Physician to H. R. H. the Prince of Wales, Consulting Physician and Lecturer on the Practice of Medicine at St. Mary's Hospital, Consulting Physician to the Lock Hospital, Author of "Lectures Chiefly Clinical," etc. Philadelphia: Henry C. Lea. 1867. Chicago: S. C. Griggs & Co. One volume, octavo, pp. 287.

Why Not? A book for every woman. The prize essay to which the American Medical Association awarded the gold medal for MDCCCLXV. By Horatio Robinson Storer, M.D., of Boston, Professor of Obstetrics, etc., etc.

Issued for general circulation by order of the American Medical Association.

Casta placent superis. Casta cum mente venito,
Et manibus puris sumita fontis aquam.

Boston: Lea & Shepard. 1867. Pp. 99. From the author.

Contributions to the Pathology, Diagnosis and Treatment of Angular Curvature of the Spine. By BENJAMIN LEE, M.D., Philadelphia: LIPPINCOTT & Co. 1867. Pp. 129. From the Publishers.

An Inquiry into the Origin of Modern Anæsthesia. By the Hon. TRUMAN SMITH, M.C., etc., etc. Hartford: Brown & Gross. 1867. Pp. 165.

On the Action of Medicines in the System. By FREDERICK WILLIAM HEADLAND, M.D., B.A., F.L.S., Fellow of the Royal College of Physicians, etc., etc. Fifth American, from the Fourth London edition. Revised and enlarged. Philadelphia: LINDSAY & BLAKISTON. 1867. Pp. 431.

Watson Abridged. A Synopsis of the Lectures on the Principles and Practice of Physic. Delivered at King's College, London, by THOMAS WATSON, M.D., F.R.C.R., etc., etc. (Abridged from the last English edition.)

With a concise but complete account of the Properties, Uses, Preparations, Doses, etc. (Taken from the U. S. Dispensatory,) of all the medicines mentioned in these lectures, and with other valuable editions. By J. J. MEYLOR, A.M., M.D. Philadelphia: Published by the Author. 1867. Pp. 277. From the Author.

Oesophagotomy, for the Removal of Foreign Bodies. Pamphlet By DAVID W. CHEEVER, M.D., etc. Boston: DAVID CLAPP & SON, Printers. 1867. Pp. 46.

Diphtheria. A Prize Essay. By E. S. GAILLARD, M.D., Richmond, Va. Pp. 114. From the author.

Half-Yearly Abstract, Rankin's. From HENRY C. LEA. Vol. 44. July to December, 1866.

The Riverside Magazine for Young People. The April num-

ber is one of unsual excellence, comprising great variety in its articles and illustrations, and is characterized by the prominence given to "out-door life." HURD & HOUGHTON, publishers, at 459 Broome Street, New York. Subscription price $2.50 per annum.

Atlantic Monthly, for May.

Our Young Folks, for May.

All the above for sale at the houses of W. B. KEEN & Co., and S. C. GRIGGS & Co., but received too late for further notice the present month.

LOOT.

Cholera.—Alexander Charles Macleod (with many suffixes,) tells us that:

"Cholera is an imponderable matter, or condition of matter; tellurial in its origin; existent in and with the atmosphere, but forming no component part of it, being of it as independent as are the rays of light; attracted by some other matter or condition of matter, existent in and peculiar to the human body. Where a great space, as a continent or arm of the sea, intervenes, the earth itself may become the conducting medium."

With which satisfactory explanation we must fain be content for the present, meanwhile revolving in our own minds the mediæval problem: "Whether a Chimæra ruminating in a vacuum doth devour second intentions?"

Vesical Calculus.—W. D. Winer, M. D., late surgeon of Col. Mulligan's Regiment, U. S. A., has recently shown us a very ingenious arrangement by which he hopes or, rather, *expects*, to be able to surround a calculus, whilst still within the bladder, with an artificial cyst into which can be injected solutions of appropriate strength and character to dissolve the stone. The apparatus seems scarcely as complicated as many which have been suggested and employed in lithotrity. The main practical trouble seems to be in securing a membrane of the required tenuity which at the same time will be tenacious enough to resist the very slight force required.

Clitoridectomy.—The JOURNAL, rejoicing in every good word

and work, also is pleased now and then at chronicling disuse of the bad and worse. Among these counted worse, is the feminine mutilation named at the head of this paragraph. No less an authority than CHARLES WEST says:—"Whilst I believe the removal of the clitoris in cases of hysteria, epilepsy, insanity, and other nervous diseases of women, to be a proceeding theoretically based on erroneous physiology, and practically followed by no such results as to warrant its frequent performance, I regard it as completely unjustifiable when done for the alleged relief of dysuria, or of painful defecation, for the cure of amenorrhœa, or the mitigation of the symptoms of uterine misplacement or disease." All which we steadfastly believe. Now, let some one, equally high in rank in the Medical Republic, raise his voice against the womb-burning, slitting, and impaling which everywhere with equal *un*philosophy prevails, and the JOURNAL will rejoice yet again with joy, perhaps unspeakable, but which nevertheless shall be written.

Poisoning by Strychnine.—Dr. John Bartlett, formerly of Chicago, strongly recommends common salt as a curative of strychnine poisoning. He reports as many as twenty experiments on dogs, in which violent symptoms, following large doses of strychnia, ceased after emesis, induced by drenching the animals with water holding in solution several handfuls of salt.

Milk-Sickness.—Quite a spirited controversy, through the local press, is going on in Clay County, Ill., on the permanent question: Whether there be such an entity as "Milk Sick," as distinct from a mere variety of Bilious Remittent, and "if so be there be," whether any one has seen it this side of "the next county," where it always has been the editorial fortune to find it located, or rather *dis*located. The JOURNAL is inclined to put "Milk Sick" in the same category with wounds from poisoned bullets of old time, poisoned wells in the late war, and demoniac possession of antiquity. Medical ontologists are rapidly disappearing in these latter days.

Elimination in Cholera.—The American Journal of Medical

Sciences endorses fully the conclusions of Prof. LIONEL BEALE, viz.:—[Italics ours.]

1. That the gland-cell is not, *as a general rule* destroyed when it secretes.

2. That the poisons "eliminated" by the skin and kidneys are *probably* in a state of solution.

3. That the poisons of contagious diseases *are not soluble*, but consist of living germs which move of themselves, but which cannot be "eliminated" from the blood by epithelial or other cells.

4. That so far from their being any evidence of the epithelial cells eliminating contagious poisons, the living particles of the latter interfere with the action of the cells, and many cells are destroyed by them.

5. That the functions of the columnar epithelial cells is to draw substances from the intestine and pass them on towards the blood, and that therefore it is *almost improbable* that these cells should take part in "eliminating" anything whatever from the blood.

To which propositions, supported by *ifs* and *probables*, we are called upon to sacrifice the only clear and scientific theory of cholera which has yet been given. This JOURNAL demurs. The *third* and *fifth* conclusions are the only ones having any real bearing on the case, and each of these is demoralized by *petitio principii*. It is not proved that contagious poisons are not soluble, and so far as cholera is concerned, it is not proved that its poison does more than set in action changes in the textures, which unquestionably do require elimination to prevent fatal result. In the fifth conclusion there is simply a denial of the primary law of osmosis. Briefly, this whole onslaught upon the physiological doctrine of cholera has its analogue in the efforts of narrow-minded divines to do away with the primal truths of geology and natural science. The too zealous religionist is a little in danger of becoming a bigot. The too enthusiastic microscopist is somewhat in danger of becoming microscopic, and a vitalist of the Stahl and Paine stamp. *Ecce signum!*

Hydrophobia is the latest sensation in this city. At least one unmistakable and fatal case has occurred, and the usual variety asserted to be such. Death has held high carnival among the canine population, although innumerable curs of high and low degree still (but unquiet) haunt the streets and alleys of the town. The Board of Health is yet in the milky way. Notwithstanding the constellation of talent it embodies, it has not yet cut its *canine* teeth.

Opinions clash and methods jar, whilst BROMIDE OF POTASSIUM is quoted as specific for the semi-quadrupedal disease. A case of cure by its wonderful influence is chronicled by an Indiana paper, and the report is caught up and scattered far and wide by the daily press of the metropolis. Meanwhile a dozen doctors strongly assert, in secular print, "they always knew it" as just the thing for Hydrophobia. Thus Bromide of Potassium ascends to the pedestal recently vacated by Chlorate of Potash and its more or less popularly noted predecessors.

The Dry Tongue of fevers so often believed to denote very grave conditions of the general system—"locking up of the secretions," *et alii*, our learned and excellent colleague Prof. FREER is wont to remark in very many, if not a majority of, instances denotes little more than occlusion of the nostrils. Syringing out these latter gently and carefully will, in an unexpected number of cases, rapidly convert the dry and even dark, red tongue to one sufficiently moist and pale to preclude the necessity of resorting to "alteratives," even the aromatic, but nevertheless badly smelling, product of the North Carolina pine. Patients are congratulated on the probably happy results of this suggestion.

Light for the Endoscope.—Desormeaux, whose valuable "Lessons of the Endoscope" the JOURNAL is having translated for its readers, will recognize with pleasure the suggestions of our friend E. Andrews, M.D., (formerly of the University of Michigan, at Ann Arbor,) which is that the illuminating rays be derived from the ignited Magnesium wire. We are indebted to the pages of a contemporary (edited by a gentleman formerly

from Binghampton in the State of New York—probably not yet forgotten in that region,) for the information.

Apropos of the *Endoscope.* It is unnecessary to be at the expense or trouble of procuring the Parisian instrument, which is at once complicated, inconvenient, and costly. The endoscope tube fitted to the reflecting auroscope, and lighted by the ignited Magnesium wire, is much better, and the entire apparatus need not cost more than fifteen or twenty dollars. Messrs. Bliss & Sharp, of 144 Lake Street, this city, can furnish the parts, and our advertisers, Messrs. Tolle & Degenhardt of 125 LaSalle Street, can adjust them to order. This is a new field of diagnosis and is well worth working.

Belladonna—Scarlatina.—BOUCHUT the eminent writer on Diseases of Children, noticing the use of Belladonna as a prophylactic of Scarlatina, writes:

"The greatest objection—but it is not one in our opinion—the greatest objection which can be made to this therapeutic means is, that it does not fulfil the purpose proposed, that in a word, it is useless."

This strikes the JOURNAL as eminently *a la Francaise.*

NEWS & ITEMS.

Dr. HORATIO R. STORER the well known and distinguished teacher of Gynæcology encloses to the JOURNAL the following notice, which we insert with great pleasure. Dr. Storer was with Simpson, of Edinburgh, as his *assistant in practice* during 1854-5, and was selected by him, as one of the editors of his Obstetric works, and both whilst abroad and since his return home has devoted his sure powers of mind and great practical genius to the developement of this important department of practice. It is unnecessary to more than merely announce the time of such a course of instruction from him to secure a large attendance.

To PHYSICIANS.—At the request of several members of the profession, Dr. Horatio R. Storer will deliver a private course

of twelve lectures upon the Treatment of the Surgical Diseases of Women, during the first fortnight of June, at his rooms in Boston. Gentlemen attending the course will be required to show their diplomas. Fee $50.

Hotel Pelham, Boston, 29th March, 1867.

Resignation of Prof. Gunn at the University of Michigan—Action of the Regents.—The JOURNAL chronicles with pleasure a deserved tribute to Prof. GUNN on occasion of his leaving the University, being in the shape of a resolution adopted unanimously in full Board, April 9th, 1867:—

Resolved, That while we reluctantly accept the resignation of Professor Moses Gunn, M.D., who, first as Professor of Anatomy for two years, next as Professor of Surgery for thirteen years, has devoted his eminent ability and energy to the Department of Medicine and Surgery of this University from 1848, the year of its foundation, to the present time, and to whose skill as a surgeon and eloquence as a professor the department is so greatly indebted, we desire to express our high appreciation of his eminent services, and our strongest wishes for similar and, if possible, superior success in his future labors, wherever he may be.

The Board at the same meeting passed a complimentary resolution with regard to Prof. SAMUEL G. ANNOR who retires from his connection with the University to take a chair in the Brooklyn College, N. Y.

Complimentary Letter to Dr. Lewitt.—As an evidence of their high appreciation of his services, the Medical Class at Ann Arbor adopted and presented to Dr. LEWITT the following letter:

ANN ARBOR, March 22, '67.

To William Lewitt, M.D., Demonstrator of Anatomy, Medical Department, University of Michigan.

DEAR SIR: Knowing, as we well do, the difficulties attending the position you occupy, as Demonstrator of Anatomy, the energy necessary to supply so large a class with *materiel*—none of which having been furnished by this State—allow us to congratulate you on your success; and, as members of the Class of 1866--'67, to express our entire satisfaction with the manner in which your department has been conducted.

For while other medical schools during the past winter have

felt most sorely what it is to be in *want*, we have had the benefit of a plentiful supply of the *best*, with an abundance to spare. And when it is remembered that the Class you have assisted so efficiently during the past session, in acquiring a knowledge of that most important branch of medicine—practical anatomy—is the largest that ever assembled in America, or perhaps in the world, too much praise cannot be bestowed upon our "little Napoleon of the dissecting room."

In conclusion, we beg to tender you our sincere thanks, and best wishes for your future welfare and prosperity.

PROF. M. GUNN, of the Chair of Surgery in Rush Medical College, has now removed to this city, and may be found or addressed at his office in the "McCormick Building," Southeast corner of Randolph and Dearborn streets. Dr. G. has purchased for his residence that beautiful property on the lake shore, corner of Calumet Avenue and Twenty-First street. He will, it is understood, confine his practice exclusively to Surgery.

Dr. LEWITT, the Demonstrator of the College, will be found at the same office, and engages both in Surgery and general practice.

Southern Journal of Medical Sciences—Edited and published by D. Warren Brickell, M.D., C. Read, M.D., N. S. Mitchell, M.D., and Joseph Holt, M.D., commences its second volume May 1st, 1867. Two hundred pages are issued quarterly in a style which compares favorably with *Am. Jour. Med. Sci.* and other older quarterlies. It is evidently prepared with great industry, and is edited with signal ability. We commend it strongly to such of our readers as desire to peruse a high toned and valuable organ of the profession. $6.00 *per annum.* Communications to be addressed Lock Box 890, New Orleans P. O.

New Medical Journal.—C. A. LOGAN, M.D. and T. SINKS, M. D., of Leavenworth, Kansas, have associated in the editing and publication of a new monthly to be entitled "*The Leavenworth Medical Herald.*" Its subscription price is placed at $3. From what we know of the editors we believe it will herald true

medical progress, and will be (forgive it Bro. Logan,) *leaven worth* trying for professional bread. Here is our ☞.

University of Michigan.—The chair of surgery in the University of Michigan has been filled by the appointment of WARREN GREEN, M.D., an alumnus of the college. The chair of Homœopathy is yet vacant, although it is rumored the Regents propose to appoint to it the present professor of Chemistry, S. H. DOUGLAS, M.D., who is said to be an applicant.

Medical Bookstore.—A recent conflagration in the upper stories of the building occupied by W. B. KEEN & Co., the favorite medical booksellers of this city, as an incident to the means adopted to extinguish it, dampened a large proportion of their then stock on hand, but not a particle of their energies. The telegraph and express have already fully replenished their stock, and correspondents may feel sure of being supplied at once with all the standard and recent medical works at as low a price as in any eastern city, thus saving both time and money. Our readers will find them always prompt, reliable, and "on the square."

Meeting of the Societies.—Attention is called to the notices of the ensuing meetings of the American Medical Association and of the Illinois State Medical Society, in the present number of the JOURNAL. The present condition of the profession in this State, and throughout the country, is such as to render attendance almost imperative upon them. Rich returns may be expected from the careful observations made during the war, not only upon surgical and general practice, but especially upon hygiene. Just now, and we fervently trust it will continue so during all coming time, this latter awakens vastly more attention, and incites to profounder study, than mere therapeutics.

International Medical Congress at Paris.—The International Medical Congress will be opened at Paris on the 16th of August next. The Central Committee earnestly desire an active participation in the Congress on the part of Medical

Societies from all parts of the world, by sending delegates to represent them.

By the third article of the statutes, foreign delegates are admitted without any pecuniary consideration.

The undersigned having been appointed a Corresponding Delegate by the Central Committee at Paris, would urge upon Medical Societies the propriety of appointing delegates to the Congress as speedily as practicable, and reporting them to him, that he may forward them as early as possible to the Central Committee.

S. W. BUTLER, Philadelpha, Pa.
Corresponding Delegate.

The International Medical Congress.—The following note from Prof. Miller explaines itself. It is understood that Prof. Freer has already secured his stateroom in a European steamer for the 6th of June.

Rush Medical College, Chicago, April 2, 1867.

Editor Chicago Medical Journal:—At a regular meeting of the Faculty of Rush Medical College, held this day, Prof. Joseph W. Freer, M.D., was duly elected to represent said College in the International Medical Congress, which is to assemble in the city of Paris the 15th of August next.

De Laskie Miller, Sec'y.

Illinois State Medical Society.—The next annual meeting of this society will be held in the hall of the House of Representatives, at Springfield, Ill., commencing on the *first Tuesday in June*, at 10 o'clock A.M. We are authorized by the Committee of Arrangements to state, that the Chicago, Alton and St. Louis, the Toledo, Wabash and Great Western and the Illinois Central railroads will pass members of the Society to and from the meeting, over those roads for *one fare and one-fifth.*

Editor Chicago Medical Journal:—The State Medical Society of Indiana will convene at Indianapolis on, *Tuesday*, May 21st, 1867.

Very Respectfully, L. D. WATERMAN, *Secretary.*

COMMITTEE ON PRACTICAL MEDICINE AND EPIDEMICS.

Physicians, throughout the State, are earnestly requested to forward to either of the members of the committee, all communications, on this department, on or before the 15th day of May inst.

Committee. { J. Adams Allen, M.D., box 1948, Chairman Chicago.
L. T. Hewins, M.D., Loda, Iroquois county.
R. E. McVey, M.D., Waverly, Morgan county.

Erratum.—By an oversight of the proof reader of the March number of the Journal, the case reported by G. B. Lester, M.D., (p. 112) in the third line of the third paragraph should, but does not, commence and read as follows:

"The edges of the wound were everted, and blood was oozing from *the* whole cut surface, lighter colored than natural and frothy; *hand* slightly swollen and painful."

The italicised words indicate the needed corrections.

Married.—At the residence of Geo. W. Moody, Esq., White River, Mich., by the Rev. L. J. Griffin, Lucian D. Clarke, M.D., and Miss Anna W. Young, both of Chicago.

Obituary.—Howard Townshend, M.D., died at Albany, N.Y., on the 16th of January, 1867. At the time of his death, Dr. Townshend was a professor in the Albany Medical College, and an influential member of several official boards for which his scholarly acquirements and large experience eminently fitted him. His death may well be considered a public loss.

Trimmed or Untrimmed.—Subscribers generally prefer to have the leaves of the Journal uncut, so that when bound in a volume it may have a wider margin. But all do not agree as to the æsthetics of the matter, of which discrepancy let the following note, inserted *verbatim et literatim et punctuatim*, be for a testimonial: (Names omitted.)

"Dear sir—you will pleas stop My subscription for the Journal this is the second Notes i have gave you or at least the second letter i have sent you I can get as good a Journal all ready Trimed for 2 per year Yours"

As both the first and second "*Notes*" were sent to the former

editors, "our withers are unwrung." Meanwhile we cogitate which most needs to be "*Trimed*" the *Journal's* edges or the "preliminary education" of our predecessor's correspondent.

Back Numbers of the Journal Wanted.—JULY and AUGUST, 1865, and JANUARY 1866. If any of our subscribers happen to have spare copies of these numbers of the JOURNAL, they will confer a favor upon several subscribers who need them to complete their sets, by enclosing them to the Editor, Box 1948, who will be happy to reciprocate in any manner suggested.

ADVERTISEMENT.

FINE LITHOGRAPHS of the late Professor BRAINARD, also of Professors GUNN, REA, MILLER, and ALLEN, can be obtained at Twenty-Five Cents each, by addressing or calling upon Charles Keil, Janitor Rush Medical College.

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Mortality Report for the Month of February:—

CAUSES OF DEATH.

Accidents,	6	Fever, Congestive,	3
Asthma,	1	Fever, Remittent,	2
Abscess,	2	Fever, Scarlet,	14
Bronchitis,	1	Fever, Typhoid,	10
Cancer,	3	Hydrocephalus,	4
Cold,	1	Inflammation of Bowels,	4
Croup,	8	Inflammation of Brain,	5
Consumption,	42	Inflammation of Lungs,	19
Convulsions,	18	Inflammation of Stomach,	1
Childbed,	5	Inflammation not stated,	1
Congestion of Brain,	7	Killed,	1
Congestion of Lungs,	2	Marasmus,	2
Delirium Tremens,	1	Neuralgia,	1
Decline,	2	Old Age,	6
Diarrhœa,	1	Paralysis,	1
Diphtheria,	6	Pneumonia,	1
Dropsy,	9	Phthisis Pulmonalis,	2
Dysentery	1	Rheumatism,	1
Disease of Brain,	1	Stillborn,	22
Disease of Bowels,	2	Small-Pox,	5
Disease of Heart,	4	Teething,	9
Disease of Liver,	2	Whooping-Cough,	1
Disease of Lungs,	2	Worms,	1
Disease of Throat,	1	Gun-shot Wound,	1
Epilepsy,	1	Ulcer,	1
Erysipelas,	2	Unknown,	1

Total, 255

AGES OF THE DECEASED.—Under 5 years, 118; over 5 and under 10 years, 17; over 10 and under 20, 10; over 20 and under 30, 35; over 30 and under 40, 31; over 40 and under 50, 16; over 50 and under 60, 8; over 60 and under 70, 10; over 70 and under 80, 6; over 80 and under 90, 2; unknown, 2. Total, 255.

NATIVITIES.

Chicago,	124	Germany,	30	Scotland,	2
Other States,	39	Ireland,	33	Wales,	1
Canada,	1	Norway,	3	Unknown,	5
England,	12	Nova Scotia,	1		
France,	1	Sweden,	3	Total,	255

DIVISIONS OF THE CITY.

North, 67 | South, 81 | West, 106 | Total, 255

Mortality Report for the Month of March:—

CAUSES OF DEATH.

Accidents,	2	Fever, Scarlet,	10
Abscess,	1	Fever, Typhoid,	5
Bronchitis,	1	Fever, Childbed,	2
Cancer,	2	Fever, Typhus,	1
Colds,	6	Hydrocephalus,	10
Croup,	8	Inflammation of Bowels,	7
Consumption,	40	Inflammation of Brain,	3
Convulsions,	43	Inflammation of Lungs,	11
Childbed,	4	Inflammation of Throat,	1
Congestion of Brain,	1	Inflammation, not stated,	2
Congestion of Lungs,	7	Killed,	1
Delirium Tremens,	1	Marasmus,	1
Drowned,	1	Measles,	1
Decline,	1	Old Age,	9
Diphtheria,	5	Poisoning,	1
Dropsy,	7	Paralysis,	3
Disease of Brain,	1	Pneumonia,	2
Disease of Bowels,	1	Rheumatism,	1
Disease of Heart,	4	Suicide,	1
Disease of Liver,	2	Stillborn,	8
Disease of Lungs,	5	Spasms,	4
Disease of Hip,	1	Small Pox,	3
Erysipelas,	1	Teething,	12
Fever, Congestive,	6	Whooping-Cough,	10
Fever, Remittent,	3	Ulcer,	1
Fever, Spotted,	1	Unknown,	15

Total,	280
Total number last year for the month of March,	254
Increase,	26

DIVISIONS OF THE CITY.

North, 67 | South, 90 | West, 123 | Total, 280

Total number during the month of March,	280
Total number during the month of February,	255
Increase,	25

Ages of the Deceased.—Under 5 years, 143; over 5 and under 10 years, 16; over 10 and under 20, 16; over 20 and under 30, 29; over 30 and under 40, 27; over 40 and under 50, 17; over 50 and under 60, 7; over 60 and under 70, 9; over 70 and under 80, 10; over 80 and under 90, 2; over 100, 2; unknown, 2. Total, 280.

NATIVITIES.

Chicago,	151	France,	1	Sweden,	2
Other States,	48	Germany,	38	Scotland,	3
Bohemian,	1	Holland,	1	Unknown,	1
Canada,	4	Ireland,	25		
England,	2	Norway,	3	Total,	280

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Original Contributions.

OVARIOTOMY.

BY S. D. JACKSON, M.D., Chicago, Ill.

Mrs. R., a native of Denmark, aged 28, married, states that when 13 years of age she had a severe attack of rheumatic fever from which she gradually recovered; at the age of 19 her menses first made their appearance but have subsequently been quite irregular. Three years ago, she was subject to hemoptyses. Within the past three years she has given birth to two children,—the latter being born in August, 1866,—and notwithstanding that gestation as well as delivery was perfectly normal, yet both children died in less than a month after birth.

Shortly after the last confinement she became subject to more or less constant and severe pains about the right iliac region and loins, the pains extending down the right thigh; she describes these pains as of a "bearing down" nature. When I first saw her, which was in December, 1866, her general health was very much impaired so she could perform her domestic duties only with great difficulty on account of the pains and weakness. My colleague, Dr. Larron, saw her with me at this time and coincided in the opinion that the difficulty was one of ovarian dropsy; the dulness in the right iliac region was circumscribed and retained the location irrespective of the patient's

position. Examination per vaginam revealed descent of the womb with considerable retroversion. There was no protrusion of the walls of the vagina such as will be found in ascites; the os uteri was enlarged and its surface being excoriated with considerable ropy discharge from the mouth of the os. The uterine sound was easily introduced with its point turned backwards and, by everting it, the fundus would be raised to its normal position, but on withdrawing the sound it would immediately resume its former situation. Although skeptical as to its beneficial result, I ordered diuretics consisting of infusion of digitalis and nitrate of potash internally, with tincture of iodine locally, and free use of milk as nourishment. She was ordered to stay in bed, use cold hip baths and cold injections into the vagina. She was also ordered a mixture of sulphate of magnesia and iron. As she at this time lived 16 miles in the country, I did not tend her regularly and saw her again first in the latter part of February, when she moved to this city, at which time the dropsical effusion was increased to considerable extent, so that she was confined to her bed nearly all the time. Her urgent desire was that something might be done in order to relieve her distress, which was daily becoming more and more alarming. I frankly told her the *modus operandi* which in my opinion offered her any chance of relief, namely, paracentesis and ovariotomy, the former as one that was of but little danger and would give her temporary relief; and the latter as very formidable (perhaps exaggerating the danger somewhat) but if successful would promise a permanent cure. She herself, as well as her husband, unhesitatingly preferred ovariotomy, and requested that I would operate as soon as convenient. My colleague, Dr. Larron, fully concurred with me in these views. I, therefore, in order to prepare her for the operation, ordered liberal diet with tonics, and fixed on the 28th of March as the day for the operation, this being just a fortnight after her last menstruation. Meanwhile the effusion was constantly increasing, and on the morning of the 28th of March the abdomen presented the following measurements: circumference about the umbilicus, 40 inches; distance between ensiform process and

symphyies pubis, 21 inches; and between the umbilicus and pubes, 10 inches.

The bladder and rectum evacuated she was chloroformed, and when partially under the influence removed to an adjoining room, the temperature of which was 85° F., and placed on the operating table, and when fully anæsthetized one fourth gr. morph. sulph. was administered by subcutaneous injection, in order to prolong the effect of the chloroform. At forty minutes past 10 o'clock A.M., I proceeded to operate, assisted by Drs. Larron, Paoli, and Quales. An incision 4 inches long was made in the linea alba, commencing about four inches below the umbilicus and extending to within about 3 inches of the symphysis pubis. The various layers of the abdominal wall (which was very thin) were now carefully divided. When the hemorrhage, which was very slight, was controlled the peritoneal lining was divided and the cyst presented itself in the opening. In accordance with late English authors I did not attempt to remove the cyst as a whole, but introduced Spencer Mill's trocar through its walls and withdrew the greater portion of its contents, which consisted of a limpid serous fluid of a greenish color; the cyst, now collapsed, was seized by a pair of forceps, its adhesions to the abdominal wall anteriorly broken up, and by gentle manipulations it was forced out through the opening, when its pedunculated extremity was found attached to the right ovary and adjacent broad ligament. The peduncle was rather short and flattened, being about 2 inches broad. The attachment to the broad ligament was about one inch from the adjacent part of the uterus, this organ as well as the adjacent parts being perfectly healthy. The parallel clamp was now applied over the peduncle as near the cyst as possible on account of the shortness of the peduncle. The clamp was screwed sufficiently tight and the cyst removed; (the time elapsed since the beginning of the operation was 30 m.) There was some oozing of blood at the seat of the adhesions which was controlled by persulphate of iron, torsion, and ice. All coagulas of blood and other foreign substances in the peritoneal cavity were now scrupulously removed, when the wound was

closed by four interrupted sutures penetrating through the entire thickness of the abdominal wall; between these three more superficial sutures were applied. The wound was covered with a piece of oiled linen—and the whole of the abdomen painted over with collodion. On section, the peduncle was found to contain a large number of large vessels, but the bleeding was controlled perfectly by the clamps. The divided extremity of the peduncle was saturated with the muriated tincture of iron. The abdomen was covered with several layers of wadding and a broad bandage applied round the whole, and the patient carried back to bed, having remained on the operating table about two hours. The fluid contained in the cyst was not less than 8 gallons; the weight of cyst and contents was 66 pounds. She was ordered port wine *ad libitum* and tincture opium sufficient to control the pains. The pulse was rather weak and the frequency about 100 per minute during the operation; on the evening of the 28th the pulse was 104 per minute, and she complained of some pain in the loins and a desire to urinate without being able to evacuate the contents of the bladder, which had to be drawn off by means of a catheter. She was ordered gtt. xx of laudanum every 6 hours.

March 29th. Slept several hours during the night and feels somewhat stronger. Pulse 108 per minute; skin moist and warm; intense thirst. Bladder catheterized; treatment continued.

March 30th. Slept pretty well during the night. Pulse 108 per minute; pain about the abdomen diminished; coughs some, and was ordered an expectorant.

March 31st. Slept well; pulse 98 per minute; wound united down to the peduncle, slough of the latter black and dry; no signs of peritonitis; sutures removed; liberal diet and port wine *ad libitum;* bladder evacuated by means of catheter, the urine contained considerable mucus.

April 1st. Pulse 100 per minute; coughs considerably, feels otherwise comfortable; appetite good.

April 2d. Pulse 104 per minute; cough less troublesome. Injection of cold water into the rectum; no evacuation since the

operation was performed. Ordered decoction of cinchona and senega, teaspoonful every 4 hours.

April 2d. Spontaneous evacuation from the bowels and bladder; pulse 104 per minute, no tympanites; edges of the wound slightly separated, but only the integument; some swelling and tenderness and pressure about the right illiac region; a slight fœtid discharge about the peduncle.

April 4th. Pulse 116; no sleep; cough troublesome. Was ordered the following: decoc. cinch. infus. herb digitalis āā ℥iij, potassæ nitrat. and succo liqueret āā ℥ij m&s. Teaspoonful every 2 hours.

April 5th. Rested well during the night, and feels comfortable. Pulse 96 per minute. Clamps removed, peduncle adhered to the edges of the wound.

April 7th. Pulse 90 per minute; complains of fever occurring about noon. Ordered quinia sulph gr. v, twice a day.

April 9th. No fever. Pulse 72 per minute, and on the whole apparently comfortable. The circumference about the umbilicus 27 inches; distance between ensiform process and symphysis pubis 11½ inches, and between the umbilicus and symphysis pubis 5½ inches.

April 15th. Wound entirely closed; permitted to leave the bed.

April 21st. Complains of transient pains about the loins.

April 22d. Gradually improving; evidence of approaching menstruation; situation of uterus perfectly normal. Pulse 72 per minute.

April 25th. Walks out and must be considered fully recovered; wound entirely healed; no abnormal discharges from the vagina.

ATOMIZING INSTRUMENTS.

By Benjamin Durham, Jr., M.D., late Surgeon and Brevet Lieutenant-Colonel, U.S. Vols.

In the medical profession there is a constant endeavor to apply remedial agents as directly to the diseased tissue as may

be practicable, and in diseases of the throat and lungs, especially, inhalation, in some form, has long been practiced. An attempt has been made to introduce insufflation of dry powders, but practitioners have preferred to administer healing agents in the form of vapor, and inventive minds have brought forward apparatus to nebulize, atomize, or mechanically divide fluids into fine vapor. In 1858, Girons formed a spray by forcing liquids against a metallic plate, but soon after, Dr. Bergson, of Berlin, constructed an apparatus which is now generally used in the different patterns of atomizing instruments. Bergson's tubes are very simply formed, consisting of two cylinders, each drawn down to a capillary aperture at one end, and so placed at right angles to each other that the point of the perpendicular tube shall cover the lower half of the orifice of the horizontal tube. These can be made by any one, from glass julep tubes, and are often used by druggists in forming an aromatic spray, since, when arranged as above, and a current is driven through the horizontal tube, the air in the perpendicular tube is exhausted by suction, and if the lower extremity has been placed in any fluid, it will be drawn to the capillary orifice and there minutely divided by the cross-current, as a strong gust of wind will break into a fine spray the water falling from the conductor at the corner of a building. In order to produce a spray in internal cavities, as at the mouth of the uterus, the tubes have been so constructed as to be parallel with one another, and then one is bent at the capillary extremity into the proper relation to the other. Dr. W. B. Richardson's nebulizer is more complicated in its construction, and is described in the *Medical Record* for 1866, p. 243, but Bergson's tubes answer every practical purpose.

Having these tubes as the foundation of all atomizers, we find many mechanical appliances for furnishing the nebulizing current. The first and most simple is the breath of the operator, and the next is an India-rubber ball perforated at the base, so as to allow the entrance of air as soon as it is emptied. But in these cases, the vapor will be formed intermittingly, and the instrument now most commonly used is a rubber tube, termi-

nating in two hollow balls placed at a short distance from one another; the lower being the hand-ball, which is used as in the common self-injecting syringes, and the upper one, (of thinner rubber, and covered with thinner netting to prevent undue distension,) being the regulator of the spray-producing current. This is an effective and simple instrument, but it has the disadvantage of so tiring the patient that generally it will be injurious for him to use it, or he will neglect the application of remedies on account of the consequent fatigue. And whenever the operator makes the applications himself, he soon finds the repeated closing of the hand very wearisome, and he wishes for some agent to produce the current necessary to form the spray. Dr. Siegle, of Stuttgart, constructed an instrument, in which steam was used in vaporizing, instead of air. In this country, similar apparatuses, with some modifications, have been manufactured by instrument-makers, but those of Codman and Shurtleff seem to be the most popular. In their machine, a sheet-iron stand supports a copper boiler, provided with a spring safety-valve and with an opening surrounded with rubber packing, through which a Bergson's tube is introduced, the other arm of the tube dipping into a cup containing the medicated fluid. After partially filling the boiler with water, steam is raised by the use of an alcohol lamp, and the current passing through the horizontal tube creates the vacuum, draws up the fluid, and forms the spray without inconvenience to the invalid, and, when once the instrument is well arranged, without the constant supervision of the physician. To prevent the vapor from reaching the patient's face and clothes, a movable stand is provided with a face-shield or glass funnel, which prevents the scattering of the spray and conducts it to the mouth, or, by attaching a flexible tube to the nose. Some of the steam will be condensed, and a cup receives the drippings from the large end of the funnel. Such an instrument costs twelve dollars, but a physician with some mechanical talent can provide himself with a less finished instrument at small expense.

Having described the mechanical appliances for atomizing, the question arises, what is the range of application and the

value of this agency in the treatment of disease? The literature upon this subject has been limited to a few articles scattered through our medical journals, but this spring they announce the publication in London of "Inhalation as a means of local treatment of the organs of respiration by atomized fluids and gases," by Dr. Hermann Beigel, and in Philadelphia, a similar work by Dr. J. M. DaCosta, while a report on the "Therapeutics of Inhalation," is expected from Dr. J. S. Cohen at the next meeting of the American Medical Association.

We readily perceive the special application of inhalation of atomized fluids to diseases of the mouth and air-passages, yet we cannot rely on it in the treatment of these affections, but simply accept it as a valuable adjuvant to our therapeutic means. During high inflammatory action in the larynx or lungs, caution must be used in the inhalation of remedies, and mucilaginous or narcotic substances should be employed, for it is doubtful whether any benefit is experienced except the relief of the distress and coughing. It has been fully proved that the spray reaches the smaller tubes of the lungs when deeply breathed, and therefore the respiration should be quite superficial in diseases of the pharynx, but full and slow when it is desirable to reach the extreme parts of the lungs. The greatest benefit is found in treating the diseases of the pharyngeal cavity, because the remedies can be applied more directly and in greater quantity; but we will feel great satisfaction in the use of atomized fluids in chronic catarrhal affections of the larynx and in chronic bronchitis, and the putrid odor which sometimes accompanies the expectoration can be counteracted by the inhalation of astringents or balsams. In the early stages of phthisis it will be found of advantage in limiting the cough, dyspnœa, and expectoration, but all observers unite in affirming it will not stay the progress of the malady. In pulmonary hemorrhage, whether tubercular or not, it proves to be a decided increase to the forces previously at command, and if atomization were only valuable for applying styptics directly or near to the bleeding points, it should not be neglected. In nasal catarrh, by means of the tube affixed to the face-shield,

the upper portion of the nose may be reached without the pain consequent on the use of injections, and patients breathe more freely, so that, experiencing less distress, they say the nose seems "cleared out."

In addition to this internal use of the atomized spray, it has been found advantageous in external applications to the eye, chronic ulcers, etc., and Cohen advocates its employment when it is desirable delicately and carefully to cauterize a diseased surface.

In regard to the medicaments that may be used with the atomizing instruments, we may mention, first, the vapor of water, either cool or hot, then any limpid effusion or decoction may be poured into the boiler instead of water, thus imparting to the current of steam remedial power, while any clear solution or fluid may be placed in the medicine cup, for, in practice, the articles of the materia medica which are changed in appearance by mingling with aqueous vapor seem to have the same therapeutic value as when unaltered, though we must, in the use of infusions, choose such as will not prove incompatible with the remedy which is atomized. When it is desirable, we can graduate the amount of fluid which may be atomized in any given time, by selecting Bergson's tubes with capillary orifices of the desired calibre, and it is well to have them of three sizes. But, it must be remembered, although only a limited per centum of the nebulized fluid passes into the lungs, yet absorption from the air-passages is very rapid, and we must use caution that too large a quantity of the remedy is not used by our patient.

The following remedies have been used with benefit in the atomizing instruments, *viz.*:—nitrate of silver, tincture of opium, morphine, atropine, extracts of hyoscyamus, belladonna, and conium, tannin, alum, acetate of lead, sulphate of zinc, iodine, bromine salts, permanganate of potash, bichloride of mercury, and *even* cod-liver oil. The sesquichloride and persulphate of iron prove invaluable styptics in hemorrhages, while some cases of asthma have been relieved by the arsenite of potash; Dr. Beigel introduced the use of the nitrate of aluminum in nervous affections of the trachea and larynx, and recommends lime-

water as a solvent of the diphtheritic membranes; glycerine is very soothing to the irritated air-passages, and destroys the fetor of some pharyngeal diseases; while chloride of sodium, at first theoretically employed to produce an artificial sea air, has proved to be beneficial in all stages of phthisis.

In conclusion, a few ordinary cases are appended as instances of the application of atomization. My first use of the steam atomizing instrument was personally, for severe inflammation of the left tonsil and side of the tongue. *Aug. 26, 1866*, the disease was fully developed, the jaw was firmly closed, and no application could be made topically. I resorted to atomization of a solution of tannin, seven grains to the ounce, and immediately experienced relief from pain and constrained breathing. The usual treatment by poulticing, inhaling vapor of hot vinegar, etc., would not relieve the distress, but sleep quickly followed the use of the steam-machine until the night of September 2d, when even atomization ceased to check the pain. The next morning, a large abscess burst, and no farther medication was required.

II. M. A. applied *Oct. 18th, 1866*, for advice concerning ozæna, which had been treated many months by various physicians, without benefit. After inhaling, through the nostril, a solution of iodine (two grains to the ounce), he expressed himself as relieved. After the previous use of injections he had experienced considerable suffering, but now he breathed freely, without pain. While under treatment he was benefited, but he was unwilling to take from his business the necessary time and attention to effect a cure.

III. L. M. applied *Dec. 17th, 1866*, for medicine for an annoying hacking cough, which had troubled her for two days. I found she had a slight attack of bronchitis, and prescribed the inhalation of a solution of morphine, one grain to the ounce. The next day she reported she had inhaled the medicine several times with marked relief, and needed no further medication.

IV. L. M. again applied *February 19th*, for a repetition of the same treatment which had previously benefited her. She had taken a hard cold, and was troubled with severe pharyngi-

tis. I prescribed the inhalation of the solution of morphine, the next day employed a solution of tannin (eight grains to the ounce), and on the third found her convalescent and ready to acknowledge the comfort in using the inhalation.

V. J. D. was attacked with tonsillitis, *April 4th*, and used gargles of capsicum and whisky, vinegar, etc., without relief. I was called *April 5th*, and found him suffering pain, and very uneasy at his confinement. I prescribed the inhalation of the solution of tannin. As soon as he had once used the atomizing instrument, he expressed his opinion that it would help him, and promised to make repeated applications that day and night. The next mornng he was better, and discharged himself by going to his store and transacting his usual business.

ANTERIOR DISLOCATION OF THE ELBOW-JOINT.

By R. P. Hunt, M.D., Chicago, Ill.

Early in the war between Mexico and the United States, I was called upon, as the Surgeon of the Second Kentucky Regiment, of which Henry Clay, Jr., was Lieutenant-Colonel, to treat him for an injury caused by the bad action of his horse, an anterior dislocation of the bones of the fore-arm upon the anterior surface of the humerus, and that without fracture of the olecranon process. I was young at the time, and more or less timid; my books in camp were but few, indeed Sir Astley Cooper on *Dislocations and Fractures* formed, at that camp, my entire library on similar affections; in that book I found the accident with which I had to deal entirely ignored, the case, however, existed. The unfractured olecranon and the depression in the rear of the humerus were distinctly felt. There was *no* fracture of the olecranon. I tried to reduce this dislocation by direct traction, without avail; then I flexed the fore-arm upon the arm, changed the extension to near the elbow-joint, repeated the traction, and suddenly, at the proper time, stopped the traction, by extending the fore-arm, the luxation was

reduced. A roller bandage, and a dose of morphine to procure ease and sleep, were all that I did. A cold water dressing might possibly have been better, but, be that as it may, Col. Clay was about in a few days, gradually improving the use of his elbow from time to time. He was killed in battle at Buena Vista, gallantly fighting under the flag he had sworn to defend.

Sir Astley Cooper, and all surgeons of his day, even of before, or since, ignore this luxation. For years, I searched the books to find a similar case, without avail. At length, Prof. Gross, in his extensive work upon *Operative Surgery*, recognizes the luxation; he tries to explain it by experiments made upon dead bodies; these experiments may be taken for what they are worth.

Gross says:—Dislocation of the fore-arm *forward*, is an exceedingly rare event, which was formerly supposed to be altogether impossible without previous fraction of the olecranon, or extensive laceration of the soft parts. Modern observation, however, has shown the fallacy of this opinion, by adducing several unequivocal cases in which the displacement existed as a pure, uncomplicated affection. There are two methods of *reduction which may be employed*, one consisting in direct traction or forced flexion, the heel applied as a fulcrum to the lower-third of the arm of the patient under the influence of chloroform. Prof. Frank Hamilton, for whom I have the highest personal and professional esteem, says, "Sir Astley Cooper, Vidal deCassis, and others have denied that this dislocation was possible without fracture of the olecranon process; but Monin, Prior, Velpeau, Canton, and Denucé have each reported one example, so that its existence may now be considered as established."

Prof. Hamilton, I regret to say, in this fact, is wrong in one point at least, he misquotes Vidal (deCassis) in this particular: Vidal says distinctly, that he has reported from different authorities such and such cases; he cannot understand such an accident, but (doubting is not denying) thus it seems that modern surgery has, more or less formally acquiesced in the possibility of anterior ulnar luxations without fracture of the olecranon.

MILK-SICKNESS.

By L. P. Newman, M.D., Chicago, Ill.

An article on this subject, in a recent number of the Journal, recalls to my mind a series of observations made by myself, in the year 1865, upon an epidemic called Milk-Sickness, then prevailing in the "Western Reserve," in Ohio.

The surface of the infected district is undulating and woody, interspersed with low prairie or marsh lands, covered with water, grass, and low brush. The prevailing diseases are of the periodical type.

I first noticed the disease in milch cows; the characteristic symptoms being an appearance of great agony, with weakness of the knees and trembling of the whole frame; the bowels constipated, the fæces hardened; the urinary secretion entirely suspended. A speedy death the result. In examining the animal after death, the skin was found very much thickened, and covered with small pustules. The subcutaneous tissue was filled with serum, giving the bloated, anasarcous condition. The large viscera generally congested with very dark blood.

I have examined the bodies, not only of numerous kine, but of the horse, hog, sheep, and dog, also of fowls, both domestic and wild—especially the buzzard. In all my examinations, I found the same condition present. Whence animals receive this affection, I am unable to determine, but men procure it from eating the meat and drinking the milk of the infected. I have never seen a case from the first-mentioned cause, but hundreds from the latter. The symptoms were precisely the same as those noticed in animals, with the exception, that in man there was extreme nausea and vomiting. The skin was dry and hot; the tongue heavily coated upon a red body; the pulse very rapid; respiration difficult, causing much pain around the umbilicus; the abdomen inflated and tender.

It is generally fatal if neglected, but if, called early, before the impression of the poison upon the system became profound,

I could succeed in arresting the vomiting and loosen the bowels, my patient was safe. If relief was not near, the King of Terrors claimed his victim. One case, I will state:—

May 18th. Was called to see Mr. B., who had that morning, whilst in perfect health, drank some sweet milk from a *fresh* cow. One hour afterwards he was attacked with the symptoms just described. Ordered half an ounce syrup zingiberis, which checked the vomiting. Then directed pil. cathart. comp., three to be repeated every four hours. The following prescription was then written by my counsel, Dr. Johnston:—℞. Hydrarg. chlorid. mit. quiniæ sulph., āā gr. xxx. M. In chart. vj. divid. S. One every hour. The result was happy; our patient recovered. We pursued this course of treatment with great success.

In one *post mortem* of a human subject which I made, I found the same general morbid features noticed in similar examination of animals. The heart, lungs, and brain highly congested with dark, grumous blood.

So far as I am advised, "Milk-Sickness" is most prevalent in highly malarious districts—are not the cattle feeding in and inhabiting these localities affected by a strictly malarious fever, which, transmitted by this channel to the human being, assumes a malignant type of the same disease? Such is the impression I have myself received from observing it, and, if erroneous, I hope to be excused by a profession ever willing to recognize an honest purpose.

REMOVAL OF UTERINE POLYPUS BY A MODIFIED FORM OF THE ECRASEUR.

By Jonathan W. Brooks, M.D., Chicago, Ill.

The writer was first consulted by Miss E. L., of S—n, Wis., May 9th, 1866, for protracted uterine hemorrhage of an obscure character, which had existed for several months. Her age was about 35 years, and her form slender; but up to the November previous, had enjoyed uniform good health since her

sixth year. A teacher by profession. At this time, the following conditions were present:—General anæmia; pulse small, irritable, and 100; she reports a constant flowing for the last five months; bowels torpid, and urine not free; faints often; walking is accompanied by faintings and palpitations; frequent nausea and general dyspeptic symptoms. Has been treated for menorrhagia. Objected to a tactile examination.

On *June 8th*, was consulted again by her, for alarming hemorrhage, which had occurred twelve hours previously. The general indisposition had perceptibly increased. A thorough examination was now permitted. The os uteri was very firmly closed, yet there was a stillicidium of grumous fluid, tenderness of the right half of the cervix uteri, and the body of the uterus seemed slightly enlarged. The diagnosis was a small polypus within the cavity of the uterus. Suggested absolute rest in the recumbent posture. ℞. Fluid ext. senna, fluid ext. taraxacum, āā ʒj. Take ʒj. at night as a laxative, *pro re nata*. ℞. Gallic acid ʒj., chart. No. xij. Take one every three hours, unless the hemorrhage ceases or the acid disagrees with the stomach; and dilation of the os with a tent. We were foiled in the last by her objection.

July 10th. By request, saw her again, with the assurance that whatever was proper might be done. Found the appetite somewhat improved, the hemorrhage not so great as the month which was completed seven days since, and less constipation. She complained of nearly constant pain in the hips, sacrum, and groins, with a sensation of weight in the uterine region. Tactile examination disclosed the os uteri as less rigid, but still was unable to gain access within the os for exploration with the finger. She now placed herself under my immediate care. A silver tent was, at this time introduced, which was removed at the expiration of four hours. The next day it was repeated, and on the third day I had the satisfaction of confirming the original diagnosis, by discovering a small polypus attached to the interior, superior, and posterior part of the fundus of the uterus, not far from the orifice of the right Fallopian tube. The catamenia appeared the same evening, at which time the

polypus could be touched without difficulty. Hemorrhage being added to the secretion of the monthly molimen, directed the following:—℞. Opii pulv., camphor pulv., ipecac. pulv., āā grs. iij., sacch. saturni grs. xij. M. Chart. No. viij. Take one every two hours till the hemorrhage abates, which it did in twelve hours, and the catamenial secretion ceased on the sixth day. An examination announced that the os had firmly closed again, and, the hemorrhage being stayed, I determined to delay farther proceedings, to await developments, and examine two or three times during the month, believing from past observation that a few days preceding the secretion of the monthly molimen would enable better to establish the former observations. On the *27th of July* the relaxation of the os commenced, on the *28th* the polypus could be touched, and on the *30th* the secretion appeared. She had improved considerably, the hemorrhage was less than at the last period, and on the *3d of August* both ceased. On the *7th of August* the os was fully and firmly closed. She desired to wait a time before operative measures were taken, first, because she was suffering much from the heat of the weather, and, second, her health would, perhaps, improve more, to which I assented.

On the *20th of August*, indications of the monthly secretion appeared. On examination, found the os dilated to the size of a large quill; easily dilated farther, and the polypus examined with less difficulty. This period passed over much as the last, and the os was closed fully on the third day after the cessation, which occurred *August 28th.*

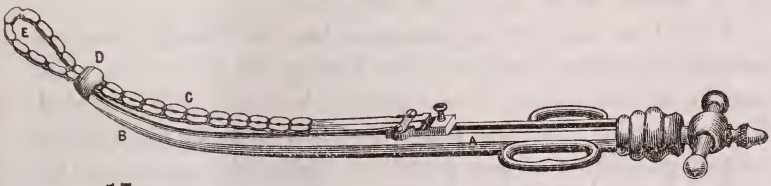
The month of September was passed very comfortably by her, she still being kept in the recumbent posture. On the *15th of September* the os was dilatable, and the polypus could be reached with less difficulty. On the evening of the *23d*, the catamenia appeared. There was less hemorrhage, and her health was slightly improved.

The case, from this time, was carefully observed, and on the thirteenth day from the commencement of the secretion of the monthly molimen and the seventh from its close, which was *Oct. 6th*, I determined to try to remove the offending cause,

assisted by the skillful and excellent J. D. Skeer, M.D., late surgeon in the U.S. Army. The patient being placed on the left side, the chest rotated forward, the arm thrown across the back, the thighs flexed at right angles with the pelvis, the right one drawn up a little more than the left, and a small pillow between the knees. Being supplied with a univalve speculum, an ecraseur, modified from Chassaingnac, and small forceps, somewhat resembling Dr. McClintock's, of Dublin, we proceeded to dilate the vulva and vagina with the speculum, the os with the forceps, and, with the aid of the ecraseur, soon removed a small fibro-cellular polypus, which was covered with a thin, glossy membrane which gave way during the operation.

From this membrane, in my opinion, proceeded the hemorrhage. No hemorrhage occurred at the time of removal, nor has any since that time. The size and shape of the polypus was not unlike a medium sized hickory nut. She was placed in bed and kept quiet a few days; no untoward symptoms followed. On the *18th of October*, being the eleventh full day from the operation, she returned to her home in S——n, Wis. Recently, she informed me that she was quite well, and that the catamenia have returned regularly and naturally, and that she expects to resume teaching the first week in January, 1867.

In several cases of small polypi interna, I have found the polypus apparently to descend just prior to the secretion of the monthly molimen, and recede with the cessation of it, the os closing somewhat firmly at the same time and remaining so until the approach of the next catamenial period, rendering the diagnosis difficult, especially to a novice. Observation has convinced me that, ordinarily, the best time for removing them, when the menstrual secretion continues, is early after the secretion has ceased, for the reason that the engorgement of the



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uterine organs, and the irritability of the system generally, have been relieved by the flow, rendering the patient less liable to hysteritis and peritonitis. These facts, which may be deemed somewhat important, as connected with polypi and the time of removing them, I do not remember to have seen noticed by any writer.

NOTE.—Annexed, is a cut of the Chassaingnac ecraseur, as modified by J. W. Brooks, and used by him in the above case, and in others since. The improvement consisting in the curving of the staff, and a spring chain. *A*, the staff; *B*, the curve; *C*, the spring chain; *D*, the port-hole; *E*, the loop of chain, after passing out, supporting itself.

Chicago, Dec. 8th, 1866.

Proceedings of Societies.

CHICAGO MEDICAL SOCIETY.

The regular annual meeting of the Society was held on the evening of April 7th. The following members were chosen officers for the ensuing year:—

President—J. P. Ross, M.D.

Vice-President—John Reid, M.D.

Secretary and Treasurer—H. M. Lyman, M.D.

Censors—E. L. Holmes, M.D., John Reid, M.D., Thomas Bevan, M.D.

Committee on Ethics—S. Wickersham, M.D., G. C. Paoli, M.D., T. D. Fitch, M.D.

Committee on Sanitary Condition of City—N. S. Davis, M.D., R. G. Bogue, M.D., R. M. Lackey, M.D.

At no time since its organization, has the Society been in a more encouraging condition than during the past year. The weekly meetings have been regularly held and well attended. The activity of the Society has been increased by the addition of a large number of new members. Since the opening of the

Cook County Hospital, the meetings have been specially instructive, not only on account of the interesting cases which have been reported, but particularly on account of the large number of pathological specimens which have been presented.

It has been stated by those who are acquainted with the condition of medical societies in other large cities, that this Society compares most favorably with similar organizations elsewhere, as regards number of members in attendance, and interest of discussions and reports.

SYPHILITIC TESTICLE.

Dr. C. G. Smith exhibited a specimen of benign fungus in a syphilitic testis. The patient had primary syphilis seven years ago. Two years ago he was affected with rupiæ, induration, and enlargement of the testicle, on the anterior portion of which there soon appeared an ulcer an inch in diameter. This ulcer soon healed under the use of the ordinary antisyphilitic remedies. In a few weeks the ulceration reäppeared, but was neglected by the patient for nearly two years. There was never much pain or inconvenience, the patient being able to attend to his occupation during the whole time. The growth of the fungus was very slow, finally, however, involving the whole anterior half of the organ. Medication failed to arrest the disease.

A CASE OF HYDROPHOBIA.

Prof. Nelson related the history of a case of hydrophobia, in a boy 15 years of age, who was bitten on the lip November 27, 1866. The wound healed readily. On the 26th of February following, he experienced a chill, with peculiar symptoms about the throat, as if he had "taken cold." These symptoms continued to grow worse during the next twenty-four hours, when, at noon the following day, he expired from an attack of convulsions. Scarcely any favorable change, even temporarily, was produced by the use of atropine, ice to the spine, and enemata of oil and infusion of tobacco. Patient died under the influence of chloroform, at 11 o'clock P.M., February 28th.

EXSECTION OF THE HEAD OF THE FEMUR.

Dr. Bogue exhibited the upper portion of the femur, four inches in length, which he had removed from a male patient at the County Hospital. The patient, 26 years of age, had enjoyed perfect health till ten months previous to the operation. On recently entering the hospital, there was a large swelling, with fluctuation on the anterior and upper portion of the thigh, encroaching somewhat upon the walls of the abdomen. The thigh was slightly flexed; the least motion produced excessive pain. The affection could not be traced to any violence, or to any apparent diathesis.

A free incision into the abscess was followed by the discharge of a pint and a-half of pus. No communication could be found between this abscess and the cavity of the joint. Exsection was performed in the usual manner. The upper portion of the femur was found extensively roughened and carious, as shown in the specimen. The ligamentum teres was destroyed, as also the upper and outer portion of the brim of the acetabulum.

EXTRACTION OF A HARD CATARACT WITH A SOMEWHAT UNUSUAL COMPLICATION.

Dr. Holmes exhibited a hard cataract, which had been removed from a patient in the Chicago Charitable Eye and Ear Infirmary, 75 years of age, under the following, somewhat unusual, circumstances:—The cataract had been slowly forming for the past five years, during the last two of which the patient could only distinguish light and shade. At the first examination, a year ago, both eyes were found in a peculiar condition: the pupils were exceedingly minute and quite irregular, the whole pupillary edge of each iris being so firmly adherent to the opaque lens that the free use of strong solution of atropine failed to produce the slightest effect upon the pupils. There had never been the slightest pain, irritation or redness in the eyes, indicative of iritis. The irides were not pressed forward by aqueous humor behind them; they presented a peculiar pale blue color, as if their pigment had been absorbed. The patient

could perceive the light from a candle in the dark, at the distance of twenty-five feet.

An extensive iridectomy downward on the left eye was performed, the patient being under the influence of chloroform. After the operation, it was found that the pupillary edge of the iris still remained attached to the opaque lens throughout its whole extent. There were, in fact, two pupils, the natural pupil and the artificial one below it, the two being separated by a narrow band of iris. For various personal reasons, the patient did not return to the city for the extraction till a year after the iridectomy.

The extraction was performed in the usual manner, the section of the cornea being made downward with the ordinary cataract knife. No chloroform was administered on account of the most alarming arrest of respiration during its use at the preliminary operation of iridectomy. Every portion of the cataract, the hard nucleus, the indurated cortical substance, together with the capsule, escaped in a mass, without the loss of the slightest quantity of vitreous humor. The cortical substance was much harder than was anticipated, which condition caused considerable difficulty in bringing the lens through the cornea. Yet the narrow band between the natural and artificial pupils was not ruptured.

For the first forty-eight hours there was somewhat more pain than usual, after extraction of cataract. Although considerable conjunctivitis supervened, the patient was able at the expiration of six weeks to walk comfortably alone in the streets, the eye being shaded, and to read coarse print (Snellin's test letters, No. 7) at the distance of a foot, without the aid of a lens. It is, perhaps, particularly worthy of remark, that during the seventh and eighth weeks after the operation, both the normal and artificial pupils were slowly contracting in size. The normal pupil, at the same time, became elongated and drawn downward. There was no pain, and the conjunctivitis had nearly subsided. This contraction of the pupil may possibly be a result of the same process by which the iris became primarily attached to the lens. The patient was directed to

return after a few months, for the purpose of providing himself with a suitable lens to correct the abnormal refraction and a marked astigmatism which exists in the cornea.

CASE OF OVARIOTOMY—RECOVERY.

Dr. Paoli read the very interesting history of the successful removal of an ovarian tumor, as given on another page of this journal.

Editorial.

To Subscribers.

In the transfer of names of subscribers from the mail-book, now in the sere and yellow leaf of a quarter of a century, to a new one, it has been found that a number of names were accidentally omitted. This No. is forwarded to the address of every subscriber whose name appears on the books, old or new. Any error will be personally corrected by the editor, on information thereof. Especial attention will be given to correct publication of receipts, not otherwise acknowledged, each month. The editor's private correspondence is already so burdensome that he must positively decline all unnecessary epistolary exercise.

Subscribers are reminded that, after the 1st of July, according to our published rates, *Three Dollars*, instead of *Two Dollars*, is the annual price of the JOURNAL. The low rate at which the JOURNAL is furnished, renders adhesion to the rule of advanced rate imperative.

Book Notices.

Appreciative notices of the books acknowledged as received, in the last JOURNAL, are crowded out of the present issue by the unexpected space occupied by communicated articles. They are each of them worth adding to the library, and, more than this, of being thoroughly read, marked, and inwardly digested. Next month, we shall speak of them individually and in detail.

Apologetic.

The confusion incident to a change of office, and all the annoyances appendant thereto, together with unexpected pressure of other duties, must excuse poverty of the editorial columns the present month. Hereafter, there shall be no cause of complaint on this account.

Thanks.

Sincerest acknowledgements are due and tendered to the public press, for recent flattering notices of the JOURNAL. To the large number of our friends who have also written warm words of encouragement, the editor can only reply, from a full heart, that the JOURNAL is duly grateful.

American Naturalist.

We welcome to our exchange list this beautifully printed and illustrated, and ably edited monthly. It is published by an association of naturalists, at Salem, Mass., and afforded at the nominal price of $3.00 *per annum.* All lovers of natural history should subscribe for it.

The Illinois Homœopathists

Are at loggerheads as much as their Parisian *confreres*, noticed on another page. A "Doctor" Miller tried hard to get Hahnemannic homœopathy, "pure and simple," adopted, in a recent conclave of the infinitesimals in this city—but the *Lord*, who was Chairman of the Committee on Materia Medica, did not smile on him in any wise. *Ecce signum*, (*Tribune* report):

"Dr. Lord, appointed at the last meeting a committee to report on Materia Medica, read a paper, stating that, though in advance of its rivals, it was a ponderous, unwieldy mass of incongruous matter. Its study was difficult and repulsive. Furthermore, in their opinion, the inappreciables and the infinitesimals are not far from the mark. The smaller the quantity of medicine given the better. In their opinion, all stomach symptoms of drugs were worthless, and all other symptoms valueless. The committee proceeded to destroy all faith in mince pie, by enumerating the forty-five symptoms resulting from the introduction of a piece into the stomach, which symptoms em-

brace that peculiar sensation as if the hypogastrium was twisting around the bladder."

Whatever resolutions are passed to the contrary, it is notorious that in this city the majority, if not all, of the fraternity use not only "appreciable" but "massive doses habitually. The *homœopathos* dodge is shrewd but scarcely laudable.

American Medical Association.

This body convened in Cincinnati, Tuesday, May 7th. The President, Dr. H. F. Askew, of Delaware, in the Chair. Welcoming address by Dr. J. A. Murphy, of Cincinnati, Chairman of Committee of Arrangements. President Askew's address is characterized as "pertinent, important, and comprehensive." Several of the Committees reported, more did not, and several were ultimately discharged. The inevitable question of rank of naval surgeons was resolved upon. The women-doctor innovation frowned upon. A circular, adopted by the delegates of several medical colleges, was read, and debate upon it denied. The Surgeon-General was censured, and Prof. S. T. Gross elected President. Are not the remainder of the transactions written for the July No. of the JOURNAL?

The Chicago College of Pharmacy.

It may be a matter of interest to many of our readers to learn that the Chicago College of Pharmacy is meeting with decided success. It numbers, on its roll of membership, the larger portion of the pharmaceutists of the city, with not a few from the country. In response to the circular from the Soliciting Committee, a number of donations have been received already, and many more are promised, so that there is good ground for the expectation that the College will soon be in the possession of an ample cabinet. Among the donations hitherto received, may be mentioned the extensive collection of chemicals, contributed by Messrs. Powers & Weightman, Philadelphia—a collection, not excelled, probably, by any other in the country; a large assortment of glassware, from Mr. Jeremiah Quinlan and Messrs. Hagerty Brothers, New York; specimens

of plants from Southern Africa, from Messrs. Jas. C. Ayer & Co.; a collection of minerals from Mr. Chas. Oudeslness, Baltimore; numerous specimens of materia medica, from various parties, among them a large sample of the Calabar bean, now used by oculists for producing contraction of the pupil of the eye, donated by Dr. Hildreth; a specimen of the Cedron bean, by Dr. W. C. Lyman—a reputed cure for the bite of the scorpion; and many other specimens of rare drugs and pharmaceutical preparations.

The meetings are held every two weeks, in the afternoon and evening alternately. They have, thus far, been well attended, and a good degree of interest manifested by the members, several of whom have contributed papers on various subjects. A handsome certificate of membership has been engraved, and is now ready for distribution to members.

In accordance with a resolution passed at a recent meeting, non-resident apothecaries will be admitted to active membership on the same basis as those resident in the city, which, at present, is simply the payment of the annual dues—five dollars. It is earnestly hoped that many druggists throughout the North-west will feel sufficient interest to become members. By so doing, they will be encouraging a laudable and much needed enterprise. Any papers they may contribute, will be read and discussed at the meetings, and, if of sufficient general interest, will be published in this and other scientific journals. All communications should be directed to the Secretary, James W. Mill, 119 West Adams Street.

American Pharmaceutical Association.

Notice is hereby given that the fifteenth (15th) annual meeting of the American Pharmaceutical Association will be held in New York City, commencing at 3 o'clock P.M., on the second Tuesday in September (10th), 1867.

A suitable room has been procured by the local Secretary in the University Buildings, on University Place, corner of Waverly Place.

Aside from the importance of the reports to be submitted, it

may be of interest to the Association to know that several of our members, now abroad, will act as delegates of the Association to the International Congress of Pharmaceutists, at Paris, August 21st, and will return in time to be present at the session in New York.

A cordial invitation is extended to all engaged in trade or manufactures connected with pharmacy, to send specimens of their stock or products, for exhibition during the session. These may be sent to P. W. Bedford, Secretary American Pharmaceutical Association, New York City, notifications to that effect being addressed to him, in advance, by mail, to 709 Sixth Avenue.

FREDERICK STEARNS,

Detroit, May 1st, 1867. *Prest. Am. Phar. Ass'n.*

Miscellaneous.

To the American Medical Association:—

The Convention of Teachers of the Medical Colleges, convened by your Committee in the City of Cincinnati, May 3d, 1866, adopted the following resolution:—

Resolved, "That a copy of the resolutions adopted by this Convention, certified to by its officers, be transmitted to the American Medical Association, at its next session."

In obedience, therefore, to this action, we, the President and Secretary of said Convention, beg leave herewith to transmit the following—

"*Resolved:*—

1st. That every student applying for matriculation in a Medical College, shall be required to show, either by satisfactory certificate, or by a direct examination by a Committee of the Faculty, that he possesses a thorough knowledge of the common English branches of education, including the first series of mathematics, elements of natural sciences, and a sufficient knowledge of Latin and Greek to understand the technical terms of the profession; and that the certificate presented on the result of the examinations thus required, be regularly filed as a part of the records of each Medical College.

2d. That every Medical Student be required to study four full years, including three regular annual courses of Medical College instruction, before being admitted to an examination for the degree of Doctor of Medicine.

3d. That the minimum duration of a regular annual lecture term, or course of Medical College instruction, shall be six calendar months.

4th. That every Medical College shall embrace in its curriculum the following branches, to be taught by not less than nine Professors, namely:—Descriptive anatomy, including dissections; inorganic chemistry, materia medica, organic chemistry, and toxicology; general pathology, therapeutics, pathological anatomy, and public hygiene; surgical anatomy and operations of surgery; medical jurisprudence and medical ethics; practice of medicine, practice of surgery, obstetrics, and diseases of women and children; clinical medicine and clinical surgery. And that these several branches shall be divided into three groups or series, corresponding with the three courses of Medical College instruction required.

The first, or *Freshman Series*, shall embrace descriptive anatomy and practical bisections; physiology and histology; inorganic chemistry, materia medica, and therapeutics. To these, the attention of the student shall be mainly restricted during his first course of Medical College instruction, and in these he shall submit to a thorough examination, by the proper members of the Faculty, at its close, and receive a certificate indicating the degree of his progress.

The second, or *Junior Series*, shall embrace organic chemistry and toxicology; general pathology, morbid anatomy, and public hygiene; surgical anatomy and operations of surgery; medical jurisprudence and medical ethics. To these, the attention of the medical student shall be directed during his second course of Medical College instruction, and in them he shall be examined, at the close of his second course, in the same manner as after the first.

The third, or *Senior Series*, shall embrace practical medicine; practical surgery, obstetrics, and diseases peculiar to women and children, with clinical medicine and clinical surgery in hospital. These shall occupy the attention of the student during his third course of College instruction, and at its close he shall be eligible to a general examination for the degree of Doctor of Medicine.

The instruction in the three series is to be given simultaneously, and to continue throughout the whole of each annual

College term; each student attending the lectures on such branches as belong to his period of progress in study, in the same manner as the sophomore, junior, and senior classes, each pursue their studies simultaneously throughout the collegiate year, in all our Literary Colleges.

5th. That every Medical College should immediately adopt same effectual method of ascertaining the actual attendance of students, upon its lectures and other exercises, and at the close of each session, of the attendance of the student, a certificate, specifying the time and the courses of instruction actually attended, should be given, and such certificate only should be received by other Colleges as evidence of such attendance.

6th. That a committee of five be appointed by the President, whose duty it shall be to present the several propositions adopted by the Convention, to the Trustees and Faculties of all the Medical Colleges in this country, and solicit their definite action thereon, with a view to the early and simultaneous practical adoption of tne same throughaut the whole country. And that the same committee be authorized to call another convention whenever deemed advisable."

Respectfully forwarded,

A. STILLE, M.D., *President.*

GUSTAV C. E. WEBER, *Secretary.*

Homœopathists vs. Homœopathy.

From a recent discussion which took place at the Société Médicale Homœopathique de France, it would seem that some of the leading homœopathists of Europe are abandoning not only the practice of administering infinitesimal doses (which, indeed, they have pretty generally done long since), but even their theoretical defence. M. Curie, son to the well known homœopathist of that name, having made the declaration in the Society that for his part he did not believe in the action of infinitesimal doses—or, at the very least, had his doubts respecting them—M. Leon Simon asked, in some dismay, "What then is to become of Homœopathic tradition? Are we to burn the books of our predecessors, and close our pharmacies? Are we to admit that we have been hitherto either charlatans or dupes! This is no question of mere doctrine, but one of fact, for we cannot have been following an erroneous course for sixty years without exhibiting complicity or stupidity." "Not so," replies M. Curie, "I can very well imagine the properties which may be developed in medicinal agents by infinitesimizing their division, but practically I have

not met with them, and I attribute the good which results from their employment to the prevention of the perturbating action of allopathic procedures and leaving nature to her unimpeded action. What proof have you that your doses have effected cures, in the utter absence there is of all means of exact clinical comparison in the cases under your treatment?" M. Cretin observed that M. Curie did not deny the virtue of these infinitesimal doses, but remained under the influence of scientific doubt, ready to give way to conviction on the production of exact facts. For his own part, if, while accepting the law of *similia similibus*, he is to be expected to embrace all the contradictory opinions of Hahnemann and his followers, he must decline continuing to be a member of the society. M. Jousset observed that, in fact, homœopathy has entered on a new phase, the phase of friendly criticism. "In fact, if we look at our Materia Medica, we find a diffused heap of numberless symptoms, which are frequently contradictory or puerile, while the clinical facts that have been published in numerous instances are utterly destitute of the basis derived from diognosis, and exhibit the grossest ignorance. The comparison of the symptoms derived from the Materia Medica, and from poisonous substances, is sufficient, however, to convince us that Hahneman's observations are based on truth; while many clinical observations are due to skilful and honorable men. Then, again, our own daily practice convinces us, however difficult it may be to convey that conviction to others, that the success following the employment of infinitesimal doses cannot be explained as mere coincidences." M. Cretin commented on the disreputable character of much of homœopathic literature, and on the impossibility of getting the curative agencies so abundantly boasted of in books demonstrated in practice.—*Medical Times and Gazette.*

The Treatment of Cancer

By hypodermic injections of acetic acid, as proposed by Dr. Broadbent, of London, is attracting considerable attention. The reasons given by Dr. B. for adopting this particular agent are:—

"1. This acid does not coagulate albumen, and might therefore be expected to diffuse itself throughout the tumour. The effect would not thus be limited to and concentrated in the part injected. 2. If it entered the circulation it could do no harm

in any way, either by acting as a poison, or by inducing Embolism. 3. Acetic acid rapidly dissolves the walls and modifies the nuclei of cells on the microscopic slide, and might be expected to do this when the cells were *in situ*. 4. It has been applied to open cancer and to cancerous ulcerations."

On experiment, it has been found to produce little pain when thrown into the malignant structure, although acting energetically upon its components. On the contrary, it produces when injected into the healthy tissue very considerable pain but very little apparent effect upon its ultimate structure.

Dr. B. suggests rather the use of a large quantity of dilute acid than a small quantity of that which is more concentrated. It should be thrown in slowly, and any subsequent pain may be readily controlled by the ether spray. At the present time, when the hypodermic syringe and the nebulizer are in the possession of every physician, this method of treatment of a fearful affection is worthy of extensive trial.

Practically in epithelial cancer of the integument or of the tongue there is difficulty in securing retention of the fluid—a little patience however will overcome this.

The strength of the solution may be varied from equal parts of the officinal strong acid and water, to one part of the former to four or five of the latter.

The JOURNAL thinks that something more than local treatment is about always necessary in these cases. Arsenic is yet the king remedy, though another more potent is yet prayed for to dethrone it. Some profoundly acting *cell-changer* or *molecule-arranger* is demanded, or, better still, by and by we will find the cause and eradicate that.

In the common epithelial cancer or lupus, the JOURNAL advises *persistent* exclusion of air and light from the diseased part especially by the BELLADONNA—a good strong extract constantly overlaying—and this does more, it allays pain directly, lessens molecular movement and cell change, impeding the flow of blood into the part just as it does, when taken internally, in the vessels of the spinal cord. The hypodermic use of the solution of atropine might induce some of these effects but

would not alone exclude the air and the light which must continuously be done in order to secure success. Even without constitutional measures, this has wrought better results than any other of the thousand and one local applications proposed—the knife and the caustic not being overlooked in this estimate.

But the arsenic is imperative. Full but gradually *diminishing* doses five days in the week and two days for rest, and thus for weeks or even months. In this manner the remedy can be used indefinitely without noxious, local, or general influence, and under the combined impression of this and the local application, the practitioner will, in an unexpectedly large proportion of cases, have the happiness of seeing the local disease gradually melt away, whilst all the time the general powers of the system will gain in vigor.

Cases which have resisted the knife or caustic may not be despaired of.

Howbeit, the vinegar remedy may have its own intrinsic sweetness worth the testing.

Incontinence of Urine Successfully treated by Extract of Belladonna.

A healthy looking country girl, fourteen years old, was brought by her mother to the Metropolitan Free Hospital on the 11th of January last. She had suffered from nocturnal incontinence of urine for the last two years. Not a night passed without her wetting the bed, and to such an extent that she had been compelled to lie upon straw covered with a sheet in order to change her bed daily. She had been taken out of bed at night, scolded, and ridiculed, without any effect in making her abandon the habit. Dr. Drysdale ordered her a quarter of a grain of extract of belladona as a pill, to be taken at bedtime every night. On the 15th of January her mother came to say that she had not wet her bed since taking the medicine. Up to the 18th of January there was no return of incontinence of urine. Dr. Drysdale remarked that he had in many cases seen similar results from the use of belladona in this disease, and supposed that the drug acted by paralyzing the detrusor urinæ muscle.—*Medical News.*

The Ventilating Method

In the treatment of wounds and ulcers, or Bonnisson's method, as it is sometimes termed, is worthy of more attention than it receives. The pellicle which is thus formed over the denuded surface is vastly more protective than the eminently nasty "healing ointments" and inconvenient dressings so frequently resorted to. Bathe the surface of the wound first with dilute alcohol, which of itself serves to coagulate the albuminous substance into a quasi membrane. Then with a common bellows pass currents of air upon and over it, until this is converted into a distinct thin pellicle, shining and slightly wrinkled at the periphery, and sufficiently thick and dry to bear the application of a piece of silk paper without its sticking. The ventilation should be repeated occasionally to keep up the density of the new covering, and once in a day, two or three as needed, the alcoholic lotion may be reapplied. The process is cleanly, expeditious, and more than ordinarily successful.

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(*Continued from page 208.*)

with reference to their symptoms. In the case of each, there is much pain, and considerable discharge of the same appearance in the acute stage; in the chronic stage, the pains are absent, the secretion scarcely observable, unless some accidental cause occurs to increase the affection. Thus the disease may often pass unperceived until its grave effects are made evident.

The affections most frequently complicating blennorrhagia are orchitis or epididymitis. Since my attention has been called to this subject, and I have been enabled to closely investigate the characteristics of blennorrhœa, I have not seen a single case of epididymitis connected with urethral discharge, unless such discharge was connected with bulbous, membranous, or prostatic granulous inflammation. Under the effect of catheterisms, the testicle often becomes painful and inflamed, but this inflammation is generally slight, and when it does become severe is generally caused by irritation due to the passage of sounds. Epididymitis, does not come on until the blennorrhagia takes up its chronic character. You have studied it in this phase, and it is needless for me to speak to you more about it, but let us look for a moment to the course of granular urethritis in its full chronic state. It may present its acute or chronic symptoms so far as granulations are concerned. The first subject of urethral granulation which fell under my observation, complained only of epididymitis, the blennorrhœal cause was so ancient that it dated back eleven years.

In such cases, where the specific symptoms are not readily perceived, it not rarely occurs that orchitis is attributed to mechanical irritation or to epidemic influence, most frequently, however, the epididymitis, of blennorrhagic origin, is as chronic as its cause. It may continue for an indefinite time, apparently relieved, again to appear, taking on a sub-acute character and simulating tubercule of the testicle. Often have I seen such an error committed, and that too by distinguished surgeons, and without the aid of the endoscope it may occur to all and at any time.

A person affected with clap, so slight as not to be perceived,

may be taken, without apparent cause, with scrotal pain, the epididymis becomes swollen, effusions often form in the vaginal tunic, and the skin becomes red; but instead of increasing, all of these symptoms soon decrease; however, pain of slight degree continues for some days, and the tumefaction may remain for two, three, or even more weeks. At length the inflammation disappears, but the testicle long remains tender, and the swelling leaves behind an induration, not so well determined as in inflammatory epididymitis. We may conceive that the cure is perfected, but it is only temporary; it may continue for a greater or less length of time, be it weeks or years, but suddenly the disease reappears, follows the same phases, and, in again disappearing, leaves a fresh inodulation, the seat of which is not so well defined as in the acute affection. The result is, that after several relapses, the testicle takes on a condition peculiar and not easily described (*englobi dans une masse bossiler*), or in other words, it becomes more or less a tuberculous or nodular mass, bound together, hard, often insensible, then painful, and then increasing in size.

When the disease commences, it is more or less similar to a case of tubercular orchitis; later on, it is difficult to tell if or not it is a case of tuberculous testicle. The only circumstance that can be used as a diagnostic remedy for this error, is the fact that tubercles rarely last so long without becoming softened and ulcerated. But it is not rare that these symptoms are so simple, they sometimes become more serious, the inflammation may become phlegmonous, in them there is formed a swelling of red appearance, shortly becoming fluctuant, which opens spontaneously or is opened by art, pus escapes, the inflammation subsides, the pus becomes serous, and the opening, for weeks, remains fistulous. I have seen many such cases. Years ago, such cases were pronounced tuberculous, and only after long study have I been able to correct an error into which I had fallen. It must be conceded that the symptoms in these cases are more or less deceptive. Let me call your attention, however, to the nature of the pus, as bearing upon correct diagnosis; cicatrization is slower than in softened tubercles;

and, lastly, after cure of blennorrhagic orchitis we do not find these hard cords which enable us to trace tubercular fistulas, even long after they are cured. This, however, does not furnish sufficient ground upon which to base a diagnosis. The watery discharge from the urethra, be it ever so little, might be relied upon, but, unfortunately, when tubercle takes hold of the testicle, it often, at the same time, attacks the prostate, and this causes a discharge similar to that in simple granular urethritis.

Now, the endoscope comes into play and clears up the question, brings light out of darkness; there can be no doubt as to presumptive signs, when we are able to see the granular erosions in the urethra. In such cases, with a sure diagnosis, the treatment is readily fixed upon—combat the testicular engorgement, and attack the disease in the canal. In every case that I have seen, the epididymitis ceased upon the cure of the urethral granulations.

We will now resume the history of blennorrhœa. The endoscope furnishes us the means of recognizing the characteristic local lesion, and by its aid we are enabled to separate it from affections simulating it in their exterior symptoms, not very defined. Once the disease well defined and disembarrassed from all that obscures its history, we are enabled to decide upon its march, its termination, and its peculiar complications, and also to distinguish between it and such affections as may simulate it. Now we will pass on to the study of its etiology.

The different authors assign many causes for blennorrhœa and blennorrhagia, about the same thing. First, comes contagion, or intercourse with an affected person, excessive intercourse with a well person, onanism, traumatic irritation, catheism, irritating injections, any and all female discharges, chancrous pus, irritating or relaxing food, and especially asparagus, which I think most innocent, drinks, such as beer and tea, and some such medicines as cantharides. You may add to these the internal causes, such as the development of the teeth, worms, dartrous affections, certain different temperaments, the different seasons, and variations of temperature.

We might say that the causes of blennorrhagia are as multiple as general pathology reports in its chapter on etiology, and we may well be astonished that every one is not affected with it, or, at least, that it is not more frequent than coryza, which recognizes but one cause. If we properly appreciate these causes, and apply to them the knowledge we possess, we will perceive that some have only an imaginary influence, and others, though capable of producing a urethral discharge, do not give rise to specific blennorrhagia, either acute or chronic. This can only be brought about by contagion, by direct contact with the fluid secreted by a similar nature.

I have shown you how I became acquainted with urethral granulations, the characteristic anatomical lesion of blennorrhagia or its synonym, granular urethritis. I have been able, often, to recognize the presence of granulations in the urethra and in the uterine neck, in cases of persons cohabiting together, and reason has taught me that in such cases they were contagious, even when I was first acquainted with the work of M. Thiry, of which I have spoken. This learned surgeon, who had in view, especially, diseases of the eye, recognized the contagious character of conjunctival granulations. M. Wecker, and other ophthalmologists, admit this contagion, but as one of the numerous causes of trachoma, whilst M. Thiry considers it as the only cause, and he has seen it carried not only from one eye to another, but also transferred from the genitals to the eyes. Accidents have shown to him that this disease of the conjunctiva is produced by the inoculation of the muco-pus furnished by the urethra, or uterine granulations. By way of experiment, he has transposed the muco-pus from the eye to the urethra and also to the uterine neck, and the result has been the appearance, in each case, of similar erosions. I do not think he was supplied with means to examine the interior of the canal, and, consequently, could only infer the existence of a disease identical in its nature, producing granulations in different organs susceptible of attack, and proved that these granulations were the result of a contagion whose agent was the granular virus (*virus granuleux*).

M. Thiry's ideas and mine are alike, only his ideas are based upon a more general and direct experience. Mine are founded upon clinical observation, aided by the endoscope.

My first observations demonstrated to me granulations caused (*remontant*) by blennorrhagia. I also found this affection the basis of all granular urethritis, and when I followed it by the aid of the endoscope, as you can also do, I saw the development of the granulations at a certain period of the disease. Often, at the Lourcine Hospital, in patients affected with blennorrhagia, granulations of the uterine neck have visibly formed. You may have often observed this, and I have already called your attention to the fact that non-specific affections of the neck do not give rise to it. Hence, the natural indication is, that blennorrhagia, blennorrhœa, and granular urethritis are the same disease. This disease is transmitted by a virus, a virus which is the active hypothetical principle of the contagious pus; it might be called granular virus, but as we generally distinguish the virus by the produced disease, and not by the anatomical lesions, I prefer the term blennorrhagic virus (*virus blennorrhagic*).

In its acute stage, the contagion is by no means doubtful; but such is not the case in the chronic state. Unfortunately, blennorrhagia is not generally regarded as contagious, and hence it results that the evil, wherever its seat may be, in the conjunctiva, the urethra, or the uterine neck, propagates itself, unless the necessary precautions are used. This contagion is certain, and especially in acute blennorrhagia. M. Thiry has demonstrated that, be the secretion of conjunctival granulations as feeble as possible, it is inoculable as soon as enough of it can be collected; and, with my experience, I can state that the chronic form of the granular affection is transmissible from one sex to the other. From man to woman, I have so often seen uterine granulations appear, as a consequence of granular urethritis, that no doubt can exist, in my mind, on the subject; from the woman to the man, many times, I have seen patients affected with blennorrhagic discharge, contracted from women who were not exposed, and who were only subject to a slight

leucorrhœa, and in whom I have been able to find, by aid of the speculum, evident marks of granular metritis. So the granular affection, in its chronic state, is inoculable, and though such is frequently the fact, it would occur much more often if the secretion was not so much attenuated as sometimes to be incapable of reproduction. You can readily imagine that after the canal is well washed by the flow of urine, it may require several hours for the discharge to become so virulent as to be able to reproduce the disease, in other words, to become inoculable.

The chronic affection often transmits its chronic virus; but it sometimes gives rise to acute blennorrhagia, most frequently, however, from various causes, or from the excitation accompanying the act of infection, the disease takes on its acute character and thus transmits it to healthy persons. The return of the affection from chronic to acute is not a necessary result, for we often see blennorrhœa producing blennorrhagia. I have seen several examples of it, but will only mention the following, because the circumstances caused me to doubt the possibility of transmission:—

T., aged twenty-eight, an employé, after several badly treated blennorrhagias, was subject to a slight continuous gleet, accompanied by a tickling sensation in the urethra. These symptoms always increased after connection. Having gone through several different courses of treatment, he took, for two days, Chopart's lotion, and then entered the hospital with an orchitis. Of the testicular affection he was soon cured, and left with the blennorrhœa still on him. Some months after, persuaded that the discharge, scarcely visible, could not be contagious, he married. Shortly after, I was called to see the bride, a woman of irreproachable character, and I at once saw she had one of the most violent cases of blennorrhagia I had ever seen. The vulva, the vagina, and the uterine neck were all attacked, and in every point accessible to sight, there were the superficial erosions characteristic of lost epithelium, the loss caused by blennorrhagic inflammation. The diagnosis was very evident. After a few days, granulations commenced to appear on the

uterine neck. When I saw the husband, he was only affected with a blennorrhœa, for which he had previously consulted me. He assured me his disease had never been followed by acute sequences, which, moreover, could not have disappeared in that time; by an endoscopic examination, I found extensive granulations in the bulbous portion of the urethra. Thus, we see that a blennorrhœa, without retaining its acute character, has caused a true blennorrhagia, or, if you prefer the expression, a chronic granular urethritis, the contagion of which produced upon the woman the acute granular affection.

If we take a retrospect of what we have said upon the etiology of blennorrhœa, we must conclude that it is always the result of contagion, whether it commences in its acute or chronic form, or if the virus is blennorrhœic or blennorrhagic. If other causes than contagion have been assigned, it is that different affections have been confounded, but the endoscope always shows the characteristic granulations. We have already seen that, in these cases, the discharge is often kept up by an herpetic or arthritic cause. But, perhaps, the error is more frequently caused by the fact that the patient was the subject of granulations which might be called latent, and which excitement might bring into the acute stage; and thus may be naturally explained those cases quoted of true blennorrhagia contracted by intercourse with a healthy person. In addition, I have often seen persons believing themselves cured of an old affection, who dated their present attack to only a few days back, but the endoscope has shown, in such cases, granulations of a date evidently anterior.

There is, however, a block here, gentlemen; some of you may tell me that you have observed granular metritis in cases where blennorrhagic influence could not be suspected. How do you know this? Your patients were above suspicion. Are you very sure that their husbands had not preserved an old discharge, of slight sweating character, the result of former affection, forgotten and difficult to discover? Have you examined them? Are you sure there were no granulations in the deep-seated portions of the urethra? For my part, I am sure that

your patients are affected with granulations, and I am equally certain they have been contracted by contagion.

But call to mind, if you please, what I told you in my last lecture, and see if you have not mistaken for these granulations others of a fleshy kind, caused by a very natural, but very different species of complaint, the appearance of which may be changed by accident, or may you have been deceived by an optical delusion, such as I have advised you of, and of which I was long the victim, and which makes us mistake the granular concave depressions of an herpetic eruption for hemispheric enlargements. At present, I will drop this subject, as it will necessarily come up again when we take up the uterus; only I will call upon the testimony of my own students to testify that they have rarely seen granular metritis since they have been able to recognize herpetic ulcerations on the uterine neck.

Before stating a treatment for a disease, it is necessary to have it defined, to eliminate all that can simulate it, because, no matter what name it takes on, in these affections of different natures, it is easy to understand that what is well in one case is bad in another; we mean that, generally, therapeutics become more simple as the disease, better studied, disconnects itself from all that might be confounded with it. When I was a student of medicine, one of our professors said that, "the more remedies proposed to cure any one disease, it was sure that none good had been found;" and this just reflection is appropriate to such a disease as the blennorrhœa of the authors, in which they have united many different affections having only one common symptom and one common seat. If you are of the opinion of this professor, you must believe that there is no good remedy against blennorrhœa. I will not mention here all the various articles used in injections, nor the different formulas of cubebs, copaiva, or turpentine, doubtless very good when the disease has lost its violence, but which I have never seen cure, the granulations once established. These authorities have been imposed upon by the fact that the remedies used temporarily checked the discharge, and thus thought it to be cured; but for my part, I have always seen it recur upon the cessation of

the treatment. Question your patients, and you will learn that most of them have uselessly employed such means during months, and sometimes years. The inability of ordinary treatment led to irritating injections, called caustic, in hopes of producing a new inflammation to supersede the original chronic one, and thus to bring about a cure. This mode has been pronounced successful, I have never seen it so; and, often, patients tell us that after cruel suffering, when the artificial inflammation ceased, the blennorrhœa reäppeared with increased vigor. It is easy to account for this want of success; in fact, the injections are too weak to modify the granular surface, and too painful for the patient to submit to them as often and as continuously as may be necessary, for it must be borne in mind that granulations yield only after a long time. The inability of these rational means has caused the admission of others, the constant failure of which has alone been able to preserve. It has been stated that a new blennorrhagia in its acute form will overpower an old one, and that both will cure together. It is difficult to understand such an idea; for my part, the result of my observation shows that the patient who grafts a blennorrhagia upon an old blennorrhœa is very fortunate if, the blennorrhagia passed, he does not find himself worse off than before. It has also been stated that, once the disease has reached its entire chronic state, it may be cured by cohabitation; some authors add, that all contagion has disappeared. The discharge is always contagious, as much so as is granular ophthalmia; and, besides, occasion is not wanting to the result of this practice, so pleasing to the patient. Never have I seen a cure by such advice, but, on the contrary, a few days will show the disease to be aggravated and prolonged. Thus we say, by force, that urethral granulations are not subject to ordinary therapeutics as a means of cure. This compels us to agree with Chomel, who said of uterine granulations, "they will not yield except to certain topical remedies, and especially to cauterization." Once knowing the lesion which keeps up blennorrhœa, it should be easy to treat it. It is the same that applies to other granular affections, such as are successful in

granular metritis or conjunctivitis, in other words, cauterization.

How should this cauterization be practiced? To this end, strong injections have been employed, even of nitrate of silver passed into the canal in its fused state. We have already spoken of injections; they are too feeble to act efficiently, and too painful to be continued, and, if made more strong, they would increase rather than diminish the disease, by attacking healthy parts. So far as the porte caustic goes, it blindly attacks all parts, those well and those affected, and this the surgeon cannot foresee; even the granulations, if it should reach them, are but slightly affected, too strong at one place and nothing at another. I must add, that I do not believe that any surgeon is sufficiently courageous, or any subject sufficiently patient to submit to such treatment, as long as might be necessary for a cure.

What we cannot find out by ordinary means, the endoscope will afford us surely and easily. The instrument, made to bear upon the diseased parts, permits us to judge of the portion attacked and to cauterize it; it is enough to reach the diseased parts and then to apply the caustic direct, thus preventing its contact with others not affected. I prefer, as a caustic, the nitrate of silver, one which I have often used in like diseases of the womb, after having tried many others. The liquid caustic has the advantage of reaching the anfractuosities, of acting upon all without touching any too much. I have tried the solid stick, applied through the sound of the endoscope, but it burned too deeply, and caused eschars upon the points touched, whilst others were not affected in this way. So it has the inconvenience of acting incompletely, and of causing loss of substance, and of thus causing the patient to become a victim of almost certain stricture. All of these I have abandoned, and now use the azotate of silver in solution, say from one-third to equal portions. (℞. Azot. arg. chrys. 5 or 15 grammes to 15 grammes of water.) This solution never produces eschars, it is rather catharitic than caustic, and, if I do use the word caustic in speaking of its employment, it is only that none other, more appropriate, has yet been adopted.

The application is very simple:—When the lesion to be attacked has been discovered at the end of the sound, clean it well with dry cotton wool, carried in on a probe more or less long, then, in like manner, cotton saturated with the solution may be applied directly to the parts and left in contact with them for some moments before being withdrawn. This operation should be employed whenever granulations are found. The points touched immediately become whiter and the granulations more apparent. One fact, well worthy of mention, is, that the patients experience but slight pain; frequently they only complain of slight heat in the touched part. M. Wecker also makes the same remark in reference to the cauterization of the conjunctiva. After each cauterization the emission of urine is painful, but this pain, always bearable, though sometimes severe, diminishes with each discharge, and most frequently disappears on the following day. Cold lotions, applied externally, tend much to calm it. It is, moreover, necessary to bear in mind that a certain degree of inflammation is necessary for the destruction of the granulations. At the commencement of the treatment, the cauterizations should be repeated every three or four days; later, when the granulations have disappeared and only a roughened surface, caused by erosion, once a week will be often enough to apply them. If the ulceration is covered with fleshy granulations, especially if they are fungous and easily bleed, they should be touched with a strong solution; in such cases, equal parts of nitrate of silver and distilled water become necessary.

As a consequence of this cauterization, I have but rarely met with a slight febrile attack, or a commencing orchitis. A little sulphate of quinine will meet all the exigencies of the first, without interrupting the treatment; for the second, I have never been called upon to suspend the cauterizations for any length of time.

Repeated cauterization is undoubtedly the most essential part of the treatment, without which a cure cannot be obtained, still it is well to join to it other adjuvants, which are not wanting in efficacy and utility. In uterine and conjunctival granu-

lations, injections and collyria are useful aids; so injections into the urethra should be added to the cauterization, though the frequent washing of the canal by the urinal discharge renders it less necessary in the urethra than in the vagina. I have tried many injections and have concluded the almost exclusive adoption of the decoction of roses of Provins (a French town) the best. Though of slight astringency, this injection seems to be capable of producing as much effect as more powerful astringents, and it has, besides, calming qualities which diminish the pain of the treatment. It may be said, in addition, that, if some of it should reach the bladder, no harm will result, and, after what we have said as to the seat of the granulations, it is evident that an injection limited only to the anterior portion of the urethra is simply useless. When the granulations have disappeared and a kind of watery discharge alone continues, stronger astringent injections may be advantageously used. In such cases, I employ sulphate of zinc, acetate of lead, alum, krameria, and tannin, in one word, all the substances employed in like cases, but of a weak strength. Baths, also, are useful. I generally recommend one to be taken after each operation. They bring back the local and general calmness, disturbed by cauterization, and most especially in nervous patients.

Generally, I do not advise any interior treatment. I have tried diuretics and alkalines, for the purpose of acting upon the local affection through but without avail, unless the liquid (urine) is so charged with salts as to be unusually irritating. In such cases, mineral water, of an alkaline character, to my thinking, is the best.

As for diet, such as is generally used is the best, and, if necessary, tonic, in weak or lymphatic cases; liquor, wine, and strong coffee are to be avoided. These excitants are always injurious. I have often seen the case set back by improper indulgence.

But this is not all, sexual intercourse *must* be forbidden, not only a little, but any. A single infraction of this law will often materially interfere with the cure, and loses all the good done by previous treatment. I have often seen that when the patients

were not continent, simply by the inspection of an ulceration, previously in the way of rapid cure, thrown back, very red, and bleeding at the slightest touch. I have also seen patients keep up the disease for a long time, and render all treatment inert, until they have consented to be utterly abstinent in all sexual relations. Thus, you will see how I differ from those who recommend this as a curative means.

This treatment, well and thoroughly carried out, all of your cases will be cured. Up to the present, I have yet to see the first resisting case, when it has been sufficiently continuous; but you must bear in mind that the cure requires a long time, so inform your patients and demand their aid. The granular affection does not change its character in changing its seat, and in the urethra, as in the conjunctiva, or in the uterus, a cure must not be expected in less than two or three years. (*Sic.*—Is it not months? TRANS.)

To fix the period for the cessation of the treatment, is a delicate matter; as long as the sound is introduced, or nitrate of silver is applied, so long the discharge will not cease, injections even will keep it up to a certain extent. The only guide is the appearance of the ulceration. When the mucous membrane has retaken its naturally smooth and polished appearance, though still slightly red, when the nitrate only pales without much whitening its surface, all cauterizations may be stopped. Then I continue, for a short period, injections, soon to quit them, for the purpose of keeping up only the hygienic treatment before spoken of, and that as long as possible. The discharge soon ceases of itself.

Up to the present time, we have only studied discharges due to granular affections. I do not, however, wish to stop without a few words on the treatment of herpetic and arthritic affections. I have already shown you how the endoscope exposes true blennorrhagia; you will naturally recollect that, without the aid of this instrument, the distinction between the different discharges is impossible, and you can only reach them by presumption.

The diagnosis in such cases is still more difficult and impor-

tant, from the fact that the herpetic affection often follows granular urethritis. We often see herpetic plates developed upon the vulva, the vagina, the glans penis, and the prepuce as a consequence of vaginal blennorrhagia and balano-posthitis, or of the irritation kept up in those parts by chancre. The relation existing between these diseases is, one acts as the cause of the consequence, and causes the second; it does not less certainly follow that a discharge continues and distresses the patient, who cannot tell the difference which has taken place in his condition; moreover, the herpetic discharge is one to be rid of. In this discharge, the treatment should not be the same as in granular urethritis. In one, the general treatment is secondary in effect; in the herpetic, it is primary. It is necessary to attack the dartrous element at once, and by the most appropriate remedies; alkaline baths, depuratives, alkaline mineral waters, Fowler's solution, etc. I do not propose to insist upon the same treatment that may be found necessary in herpetic and arthritic affections located differently. As a local application, the nitrate of silver does not do well in these cases; frequently I have seen it increase rather than diminish the disease. So I have quit its use and now employ the oil of juniper, (*cade*,) applied to the herpetic plates, the effect of which seems to be favorable. As for injections, astringents seem to answer well; but the best are composed of oil of cade and oil of almonds, compounded in the proportion of one-fifth or one-tenth of the oil of cade, otherwise, employ mild alkaline injections; sulphurous injections are also beneficial. Heat, completely inert in granular urethritis, is very useful in this form of the disease.

I must press upon your attention here, the fact that blennorrhœa is an important element in many severe affections of the urethra, and also because the endoscope furnishes means of distinguishing granular urethritis from other discharges.

In some patients, of a soft and lymphatic temperament, the mucous membrane of the urethra and of the vagina becomes the seat of hypersecretion, which may often simulate blennorrhagia.

The endoscope will aid us to a correct diagnosis. Astringent injections will stop the discharge in such cases, but it will re-

appear on the cessation of the treatment. The only rational treatment is the use of general and generous tonics, and, when possible, sea-bathing, stimulating mineral waters, reconstituents, sulphurous, iodic, or saline; the choice of these must depend upon the temperament of the patient.

I have treated long upon this disease, blennorrhœa, because of its important bearing upon many urethral diseases, and because the endoscope will enable us to study it by a new light, showing us the granulations giving rise to the discharge, and enabling us to apply directly the proper remedy. We must now study the strictures it produces, when not arrested sufficiently early. In my next lecture, I will take up that subject and demonstrate to you the use of the endoscope in the premises, as to exploring and treating confirmed strictures.

Up to the present time we have been entirely occupied with the consideration of granular urethritis, and no mention has been made of strictures as a consequence. I have kept back their history, so as to present it all at once, and draw the line of demarcation between those and others of a traumatic character, lesions, different in their origin but like in their consequences, symptoms, and indications of treatment.

If, in investigating blennorrhagia, and the consequent strictures, as a single affection, commencing at the time of contagion, you will necessarily be led to the conclusion that there are three different grades in the march of the disease, each of which tend to stricture.

The first stage is blennorrhagia, or *acute inflammatory stricture.* The last makes a fibrous, inodular, organic stricture.

Intermediate, between these, a condition occurs, which prepares the transition from the first to the third. As Alph. Robert said, in his report to the Medical Academy, in 1852:—"*Between the acute primitive inflammation, characterized by redness and swelling of the membrane of the urethra, and the consecutive stricture, characterized by a fibrous cicatrix, there is a period transitory, which is neither inflammatory or that of properly so-called stricture.*"

This period, indicated by Alph. Robert, can only be recog-

nized by sight; to do so, the endoscope is essentially necessary. It has taught us the existence of a granular urethritis, which could only be taught by an instrument like the endoscope. Let us rapidly run over the three different species of stricture, one following the other, and all preceding the inodular.

During the acute period of blennorrhagia, the swelling of the mucous and subjacent textures form a decided temporary stricture, and the flow of the liquid is so painful that it causes a spasm, adding to the difficulties of emission. Thence, a complete retention occurs. It may happen that the passage of the urine becomes impossible, and the interruption become complete; we call this *acute inflammatory stricture.* Except in such cases, rare, which demand a decided and especial treatment, catheterism was all that was necessary.

It so happens, however, without going back to granular urethritis that blennorrhagia gives rise to permanent stricture. In these cases, the inflammation in some points becomes intense, and is readily observed externally by its painful nodosities. The tissues are too profoundly changed to again take on their natural formation; sometimes the urethra becomes inextensible and forms what is often called a chordee, the cord breaks, and the urethra is torn. In each case, strictures form, which become inodular; these strictures occur early; they are more or less spasmodic in character; sometimes persistent and then, again, retractile; they are organized under the influence of much irritation, and the inodular tissue retracts in the irritated parts as in a burn. At this period, so far as the endoscope shows us, the urethritis has not reached the bulb, but is confined to the spongy portion of the urethra. This, I think, will fully explain the remarks of many surgeons, who have stated that stricture of the spongy part of the urethra was more difficult to dilate, and more liable to be torn than in other parts of the canal. In other respects, all strictures are of an inodular character.

Granular urethritis once set up, we have seen how it continues the swelling of the urethral walls, and the inflammatory retraction of their fibrous elements; the resulting stricture may well be called *chronic inflammatory stricture.*

THE

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REPORT ON CHOLERA IN CHICAGO IN 1866.

CHICAGO, May 20th, 1867.

PROF. J. ADAMS ALLEN,

Ch'n Com. on Prac. Medicine and Epidemics, Ill. State Med. Society:

SIR:—In compliance with your request, I submit the following Report on Cholera in Chicago in 1866, as made up from observation, from conference with other medical gentlemen, and from the records of the Health-Office.

In regard to other epidemics, none have prevailed to any great extent, and I have gathered no facts of sufficient interest to bear detailing.

Very Respectfully,

W. R. MARSH.

The Cholera, the only disease prevalent to any extent in Chicago, during the past year, was first reported at the Health-Office as having made its appearance at No. 282 West Chicago Avenue July 21st, 1866. This case, as the record states, "being the first case reported for 1866, was not published." The record continues, "the patient died," which, however, is an error, as Dr. R. S. Addison, who reported the case, assures me the case recovered.

Prof. N. S. Davis reported to the Chicago Medical Society that, as early as in June, he had treated three cases of diarrhœa, in which the patients had rice-water discharges, and that,

during that month, there had been a marked tendency to increase of bowel diseases with "cramps."

This latter fact was noticed by other physicians, and in several instances they remarked that, were the cholera prevailing in the city, they should not hesitate to pronounce the disease for which they were treating certain of their patients to be cholera. This careful avoidance of the term cholera, induced, perhaps, by a lurking fear that they might be considered alarmists, continued until August 14th, following, when three fatal cases, two in the North, and one in the South Divisions of the city were reported. From this date, more or less cases were reported daily, up to November 3d. A few cases were reported on the 8th, and the next and last on the 23d of November.

The record at the Health-Office shows that, during this time, reports were received of 1581 cases. The record of the Health-Office gives a weekly and monthly exhibit of all the cases reported, from the first case, on the 21st July, to the final disappearance of the malady, November 24th:—

1st Week,	1	9th Week,	74
2d "	0	10th "	57
3d "	0	11th "	63
4th "	37	12th "	532
5th "	98	13th "	397
6th "	80	14th "	83
7th "	65	15th "	24
8th "	61	16th "	7
On the 23d November,			2
Total No. of cases,			1581

During the month of July,	1
" " " August,	215
" " " September,	268
" " " October,	1082
" " " November,	15
Total,	1581

The largest number reported on any one day was 175, on the 10th October; the second largest, 108, on the 11th October, from which date the epidemic irregularly declined up to October 31st, when only one case occurred. Of the number attacked, 970 died. The census taken by the school authorities, gives the population of the city as 200,330. This being correct, the mortailty from cholera was 1 in 206 of the inhabitants, and the number of those attacked was 1 in 126, fractions in either case not being considered. These figures show a smaller per cent of attacks and fatal results to the number of population than the average in cities of this or foreign countries in former epidemics, but the mortality among those attacked is 61.539 per cent, which is fully equal, and a little above, the average.

But the question arises, to what extent are the records of the Health-Office reliable? I answer, that they are as perfectly so, as to the cases reported and their results, as any such records are, but they are only an approach towards an exhibit of the facts. This imperfection arises from the defect in our registry laws regarding deaths and burials. The physician's certificate is not required, and the cause of death is always, or nearly always, recorded as given by the friends or other parties, who are of course incompetent, in a very large proportion of cases, to assign the real cause, and, oftentimes, of giving anything like a near approach to the truth.

The result of this is plainly to be seen in the Health-Officer's reports of causes of death each month and year, where such causes as the following are constantly appearing:—"fever," "disease of the bowels," "fits," "cramps," etc., etc.

In the last annual report of the Chicago Health-Officer, 112 deaths are attributed to "cramps," nearly, or quite, all of which should, doubtless, be ascribed to cholera, thus swelling the number of deaths from this source to 1082; and if we suppose all attacks to have been reported, this would increase the mortality from about 61½ to over 68 per cent.

This conclusion we cannot for one moment admit, for it is too well known that many cases of undoubted cholera were not

reported by attending physicians, while the deaths, in a number of instances, occurred where no medical attendance was had, and, consequently were included in the 970 deaths, but not in the list of 1591 of those attacked. In my own practice, more cases by far of choleraic diarrhœa, or "cholerine," were treated than of patients reported as the cholera, and I am assured by several physicians of extended practice, that they had like experience. These cases mostly yielded readily to treatment, and where the more serious choleraic symptoms did not follow, no public record was made of them. Such a course was erroneous, since it renders the statistics altogether incomplete, but it was the custom, or at the least it saved the physician more or less trouble, and was, I think, very generally practiced. One fact, in evidence of this, a journal contains an article from a physician in which he claims to have cured, to say nothing of fatal cases, quite a number more of patients than the Health-Office shows him to have reported.

In short, from my own observation and from conversations with intelligent medical men upon the subject, I am convinced that to add 1000 to the number attacked, as reported by the record, making 2581 instead of 1581, and to add the 112, as above, to the 970 deaths recorded, making 1082 deaths, would be a much nearer approximation to the truth than are the statistics above given.

If such hypothesis be correct, we have, one person attacked in every seventy-seven and a fraction, one death in every one hundred and eighty-five and a fraction of the population, and the mortality 41.92 per cent of those diseased. In either case, it appears that the epidemic was a lamentable catastrophe to the city, and supposing the cases to have been treated by medical attendants, the results were anything but flattering in the way of success. Mortifying as it is to our self-love and to our anticipations of what we, as a profession, should find our ability to control the disease to be, as compared to our former experience and that of our predecessors, we are forced to concede the fact, that our progress may be, very nearly, represented by a zero.

And, truth to say, I am unable to perceive, from a somewhat careful perusal of the literature of this disease, that any very marked changes in the mode of treatment have been proposed, or attempted with unusual success, in this epidemic, either here or elsewhere. Nor, in the pathology of the disease, do I see that the profession have made undoubted progress, of great magnitude, even since the epidemic of 1831–2. Much discussion has been had upon both questions, and many changes rung on words, but all with very slight modification of ideas.

A few, indeed, I may say, many new remedies have been proposed as theoretically valuable, but, for the most part, they have failed in the trial, or proved in no wise more valuable than those before employed, and our best men, everywhere, have, in the main, found themselves more successful in relying upon the experience of the past than in their experiments with untried measures proposed.

Pathological researches have been made, too, in abundance, and particular facts developed, but, as a whole, I do not see that any material advance has been made upon the combined theories of Binaghi and Dupuytren, in 1831, the one of whom says, "it is a disease of the *nervous system*, and particularly of the *nervo-splanchnic* system," and the other, that "it has its seat in the alimentary canal, and consists of an irritation of the secretory apparatus, and especially of the small glands or follicles of the intestines." "Blood changes," diminution of vital affinity," may come before; or "removal of the columnar epithelium of the villi of the intestinal mucous membrane" come after, but that both these observers are correct, and that the phenomena of the distemper are chiefly referable to the systems of which they speak, is incontrovertible thus far.

Without stopping, however, to discuss this question, which would be out of place since I propose to offer nothing new, we will turn to a more cheerful topic, namely, the *prevention* of cholera. If we have made little progress in the cure here, a world of good has been gained, for we have learned that proper sanitary and hygienic measures are competent to deprive the cholera of its terrors almost as certainly as has vaccination those of small-pox.

This fact has been demonstrated clearly in statistics of American and foreign cities and towns. In Chicago it is apparent also, as in other cities, but save to those who know well the city, its general typography and the exact extent of its improvements, it is not easy of demonstration. In an examination of the subject it is necessary to bear in mind that ours has been, in some respects, justly regarded on the whole, as a *dirty* city. But a few years since it was variously denominated a "swamp," a "bog," a "mud-hole," and other names, all signifying that it is situated upon land, level, and so little elevated above the river and Lake Michigan, as to be continually wet, thus being a wet prairie or marsh. Of that portion which public enterprise has not redeemed by draining and raising the surface by filling with earth, much of the land is still of that character, some portions even of that being occupied by dwellings, being subject to overflow from the river at each period of high water.

In but little more than the time of half a generation, it has grown from a little village until it has come to contain over two hundred thousand souls, and its borders have spread from little more than what comprises two of the smallest of its present sixteen wards, to cover a space measured by miles in each direction. Its 83½ miles of public sewerage, its waterworks, its many raised and paved streets, and its public buildings, its churches and schools, all testify to its remarkable public enterprise. But where was there ever a country, a city, or, I had nearly asked, even the individual who prized the preservation of health above the acquisition of wealth, or would not risk the former, if need be, to procure the latter? Sanitary improvements have always followed, not kept pace, with other improvements whether public or private. The sewers of Paris and London are of very modern origin. The pioneer always lives in a cabin until he has built his barns. And so while Chicago, considering her age, has accomplished more in the way of sewerage and in completing an artificial elevation of her streets and general surface than is recorded of any city of her "age and size" it still remains true, to quote an article

in a recent daily paper, the *Tribune*, "that by far the largest part of the streets within the city limits has no drainage except that from the slight slope produced by nature. We have about 600 miles of streets, of which a little less than one-seventh are drained at all. Many of the lots passed by these sewers are not connected with them by drains, so that a large proportion of our surface loses its surplus moisture by the time-honored way of evaporation. Probably about one-ninth of the land passed by sewers, is not connected with them by sub-drains. The greatest part of the sewage is carried into the river, the heavy portion sinking to the bottom, forming a sediment which is stirred up by the movement of vessels, and the lighter particles floating on the surface until evaporated and returned into the atmosphere. In not very remote times, (indeed until the spring of 1867,) a large portion of this delectable fluid passed into the lake, and was forced by the wind into the basin of the water-works, whence it was returned through the pipes and served up for washing, drinking, and cooking purposes. We should not cease to congratulate ourselves that we now obtain water from the pure depths of the lake, so that the most serious evil of the drainage system is overcome."

To the above evils growing out of our natural surface, we we must add that while many of the streets have been raised to the established grade, this is not true of unoccupied lots generally, and, indeed, of many of the occupied lots, and as a necessary result, where such lots are not connected by drains with the sewers, their condition is tenfold worse than before.

Again large portions of the city were not supplied at all, and others only partially, with water from the public water-works, and, bad as this was hitherto, the inhabitants were driven to even a worse expedient, namely, the use of water from shallow wells contaminated with the percolations from a thousand stables, privies, and the cemeteries of the dead.

These general remarks seem necessary, in order to explain certain facts we are about to give respecting the prevalence of cholera in the different wards of the city. Without them, these facts would seem to conflict with what are given as facts in

other cities and localities. With them, and the few remarks to be made after giving the figures, no such misunderstanding need to arise. Referring then to the report of the Health Office as the only record of the statistics in Chicago, and which if they be as imperfect as we have before supposed, should yet be considered as representing the facts as nearly accurately in one portion of the city as in another, and we find as follows:

In the 1st, 2d, and 16th wards, containing 37,589 inhabitants, or less considerably than one-fifth of the population, nearly or quite three-fourths of the public improvements in sewerage, of graded and paved streets, and quite the half, I should judge of the wealth, and the comforts which wealth brings, of the entire city, furnished nearly one-fourth, 376, of the cholera cases reported. If to these we add travellers and those attacked in hotels and prison, nine-tenths of whom without a doubt were attacked in these wards, we then have 420 cases, or about 25 more than one-fourth of the whole.

In the 7th ward, with a population of 18,754, with no streets improved more than common country highways, and with very little sewerage, and population composed almost exclusively of the poorer classes of foreigners—in this ward with almost half the population of the three first mentioned, we find 179 cases reported.

In the 11th, 12th and 15th wards, with a population of 41,300, with sewerage and streets in a like condition with those of the 7th ward, we find reported 434 cases.

In the other nine wards, with very few improved streets, and as compared with the first three wards enumerated, having but little sewerage, but containing in the aggregate a population of 102,697, there were only 528 cases reported.

At first view of these facts it would seem that improvements, intended to exert a healthful, had, on the contrary, exerted a baneful influence upon the city, but recalling the remarks already made on the situation of the city, and with a few particulars respecting peculiarities of the different wards and such conclusion is readily seen to be false.

Thus the 1st and 16th wards on two sides, and the 2d ward

on one side, have the river, the character of whose waters has been described, as a boundary. As a partial offset to this, on the east side of each is the lake.

These wards also comprise but a comparatively small area of land. They make up the business part of the city—contain all the principal hotels, the prisons, public buildings generally and nearly all the business houses. In these all travel centres and all public business calling together large masses of people are held. Notwithstanding that their streets are paved and their sewers built, a large number of their lots are not filled and in the sections where cholera most abounded, crowded tenements on undrained premises, crime and debauchery prevail to an extent unknown in any other part of the city. Outside of these localities and some "patches" along the river banks the disease rarely appeared, and had proper sanitary regulations been strictly enforced I am satisfied would hardly have made its appearance at all.

In all the other wards like facts are found upon careful examination. In examining the sewerage map of the city and the cholera record together, the evidences of the effect of good or bad drainage in the induction of this fell disease are so manifest that our present Sanitary Superintendant has written "cholera" on the map wherever the population is anywise dense and no sewers, and this, because last year's experience demonstrated that in such localities alone did the disease appear in other than what might be termed a sporadic form. In the 7th ward where the largest number of cases are reported as occurring in any one ward of the city, nearly all reported cases occurred in a small district of the ward where, in addition to the want of proper sewerage, the streets were but little, many of them in nowise, better than broad alleys, and the blocks between principal streets intersected in both directions by streets of the same character, and the population of the character before described crowded upon these blocks with their horses and cattle, their pigs and poultry. The same is true of the 6th and 8th wards.

That the 5th ward including Bridgeport and its oft complained

nuisances and notorious population, and the 13th with its cemetery associations concerning which there has been so much forboding, should have furnished only 31 cholera cases each, less than any one of the other fourteen, is to be accounted for by the fact of the small number of their inhabitants and the large area of territory which the wards comprise. The prevalence of cholera in these wards was as in all others in proportion to the density of population and the facilities for ridding themselves of accumulations of matters deleterious to health.

I need not recapitulate farther the numerous facts which have come within my knowledge to prove that "cleanliness is next to godliness." Nor do I propose to weary you with arguments to prove the necessity of what, thank heaven, and the in most part unrewarded, and selfsacrificing efforts of our profession has already been demonstrated, namely unless the city become, itself, or find, some Hercules to clean its "Augean stables" we are not yet free from another pestilence of cholera or any other disease.

In closing this report, already too long but made so seemingly if I made any, permit me to ask to what extent was the fatality of cholera in Chicago modified for good or ill by the universal custom among the citizens, of all orders and classes, of keeping by them the "cholera medicines" reccommended generally. I do not know that they did not save many lives, but this I do know, that I saw no fatal case which was not one of extreme collapse, and in which the patient had "doctored" him or herself with some of the popular medicines until too late for me to accomplish anything.

It was at the same time, I think, notoriously true that in the premonitory and early stages of the disease there was comparatively little difficulty, generally, in controling it.

Very Respectfully,

W. R. MARSH.

EPILEPSY TREATED BY LACTATE OF ZINC.

By C. F. Hart, M.D., Chicago.

In looking over some notes on my early reading, I find a memorandum of Dr. Herpen's remedy for erysipelas, by which he has made some complete cures. The remedy is Lactate of Zinc. In six months, from four to nine ounces were given. (See *Medico-Chirurgical Journal* of 1857, pages 384 and 385.)

I was so forcibly struck with this report at the time, that I concluded to give the remedy a trial the first opportunity offering. In the winter of 1859–60, such did occur. Having been appointed Assistant-Physician to the Western Asylum for Lunatics in Kentucky, and there being many epileptic cases in the establishment, I got the consent of the Superintendent to try the zinc treatment on some of the younger and most robust.

There were first selected five. The dose given was, at the commencement, one grain three times daily, and that before each meal. In these cases, the spasm came on once or twice a month, and continued for several days, always leaving a prostrated condition in the patient. These chosen patients were placed under treatment at different stages of the disease, or else of the attack; before, during, or immediately after recovery, and, in all, with a decided benefit. The paroxysms came on less frequently, and milder in their effects, leaving them in a stronger and more healthy condition than before—some would pass as many as three or four months without a recurrence.

We were thus induced to try it on all the patients in the asylum (epileptic of course), and they were very numerous, there being some 240 in the hospital. The result was an improvement in all, though not so marked as in those first selected for experiment. These first were all young, none had been affected over six years, and none less than three.

Then we tried the sulph. atropine, but though the result was not so successful, there was a perceptible improvement in the cases in which it was used; indeed, in some one or two cases, the effect seemed to be better.

Then, I was induced to combine the zinc and atropine, or,

rather, the zinc and belladonna, in these proportions:—Zinci lactas grs. xxx., ext. belladon. grs. viij. M. et F. in pil. x. S. One before each meal. This proved more efficacious than either separately, and in no case have I ever used it without effectually controling the paroxysm in from 24 to 48 hours.

In 1861, whilst I was connected with the institution, one of the female patients, 27 or 28 years old, who had been affected from childhood and had suffered severely, whose mind was almost gone, never passing a week without a paroxysm, which frequently lasted a week, the spasms reöcurring so rapidly that it was difficult to say when they commenced and when they ended. In one of these attacks, commencing during the night, and continuing all night, increasing in frequency and force, I gave these pills of zinc and belladonna. The first, I gave myself, opening the mouth and, by means of a spoon, passing it beyond the epiglottis. The nurse was directed to repeat the dose in three hours. Before the fourth pill was given, there was a material abatement of the paroxysm.

I tried it several times that summer, upon her and upon others with like success; and again, in 1863–4 upon the same case, with the same effect.

On the 3d of May, 1863, I was called to see a pregnant negress with puerperal convulsions. I prescribed opium and assafœtida, not having the zinc, but with little success. Not able to find the zinc, I did find the belladonna, and used it in combination with assafœtida, with happy result, the second dose materially lessening the force of the attack, and the third relieving her for several hours, when they again returned, but not with the same force or frequency. I turned the fœtus and delivered a fine, healthy male child. The convulsions continued for 24 hours, but less frequent and of a milder character; then they subsided.

I have never seen the remedy used in the earlier stages of the disease, nor have I seen it persevered in more than three or four months. Whenever it has been used, to my knowledge, it has had a decidedly good effect; and I am strongly of the opinion that much good may result from its use in the earlier

stages of the disease. It certainly deserves a trial, and I would be glad if some of your many subscribers would give it a trial and report success.

THREE SURGICAL CASES.

Read before the Chicago Medical Society.

By Hiram Wanzer, M.D., Chicago.

Case I. I was called, the 10th November last, to Mrs. S., German, aged 66. Thirty-six hours previously she had fallen into a cellar, producing an oblique fracture of the humerus, at the surgical neck. The structures of the arm were much swollen and ecchymosed, as also the left mamma and axillary space. The fracture being reduced, a simple form of dressing was used consisting of three well-padded wooden splints for the arm. The fore-arm was supported by a sling, but the elbow was left dependent. The splints were allowed to remain until ossific union occurred, which was between the sixth and eighth weeks, much sooner than we anticipated, on account of her age and a violent cough with which she was afflicted. In order to insure perfect consolidation of the fracture, three pasteboard splints were now applied, and were worn six weeks longer. The callus at the axillary border of the shaft of the humerus was very abundant, but is now nearly absorbed, leaving but a slight protuberance at the seat of fracture. There is an inch shortening of the arm, but there is no obliquity or deviation in the axis of the limb. All the motions of the arm are perfect, except the backward movement, which is limited. We recently had occasion to visit the patient, not having seen her for several weeks, and found, upon inspecting the arm over the brachial, at its lower fourth, a soft, painless, pulsating tumor, the size of a hickory nut. Its entire disappearance upon compressing the artery above the tumor, led me to believe that it was no abnormal deposit in the soft, lax tissues, but that, probably, the coats of the artery were degenerate and involved in traumatic lesion, and that, unmodified by treatment, the case might eventuate in

alarming aneurism. I sincerely hope our fears are groundless, for she could hardly survive an accident more grave than the first coming in her winter.

Case II. I was called to Mrs. M., German, aged 30, the 18th January last. She stated that she had been suffering three yeare from leucorrhœa, also from some abnormal growth in the vagina, rendering coition difficult and exceedingly painful. During this time, she had consulted empirics, and also a number of respectable physicians, without relief.

Upon examination, I found the posterior and lateral walls of the vagina studded with flattened condylomata, or warts, which considerably occluded the passage. Anticipating the disease of specific origin, my future treatment was both constitutional and local. The following pills were first given:—℞. Hydrarg. bichlorid. gr. 1½, opii pulvis gr. 6. Div. pill No. 12. S. One pill to be taken in the morning and at bedtime. The pills were continued until slight pyretism ensued, when a ferruginous tonic was substituted, enjoining rest and nutritious diet. A fruitless attempt was made, to remove the morbid mass by the following local remedies, using each separately in solution, *viz.*:—Argent nitrat., chromic acid, liquor ferri subsulphatis, zinci chloridi, and, finally, the acid nitrate of mercury. The last remedy gave her such increased suffering that she would allow but a single application. Excepting the last two agents used, the warts appeared to prosper and grow by the local stimulation, undergoing but little change under treatment.

Despairing of curing her under any constitutional or local measure adopted, I suggested an operation for their removal, which was assented to. Dr. N. W. Wilber having given chloroform to anæsthesia, I removed the intruding mass with the curved scissors. In consequence of the vascularity of the parts, the hemorrhage was abundant, much confusing the operation. Their entire removal did not completely arrest the leucorrhœa, which consisted of glossy, ropy mucus, not unlike the white of eggs. After the parts were healed by granulation, the speculum revealed the discharges proceeding from the cavity of the uterus; the os uteri was found slightly eroded and inflamed.

A few weekly applications were made of the solid nitrate of silver to the inflamed os and cavity of the uterus, assisted by daily injections of zinci sulphas ℥j, aqua pura ℥xvj., continuing the internal use of tinct. ferri muriatis, 15 drops, three times a day. The local remedies were omitted during the menstrual period. Under the last treatment, her general health and vitality has much improved, the leucorrhœa almost arrested, the inflammatory action of the os and cervix uteri modified, and we anticipate an early cure. She is now attending to her household duties.

I ascribe no honor to myself in the primary treatment of this case, for I believe much valuable time was wasted by not operating in the onset.

Case III. I was called, March 16th, to J. T., a lad 9 years old. He had fallen 10 feet, through a hatchway, alighting upon his head, and was taken to his home in a state of profound insensibility. There was scarcely any pulse at the wrist when I arrived, and the heart's action was nearly suspended; there was general pallor of the countenance, and coldness of the extremities; his every appearance indicated early dissolution. I immediately raised the body and legs to an angle of 45 degrees, and, in less than 15 minutes, quite a full pulse returned at the wrist, the action of the heart was stronger, and the glow returned to the cheeks, showing that the capillary circulation was being established. He was now placed in the recumbent posture, to remove his clothing and examine his body for injuries, and in one moment the pulse forsook the wrist and the heart's action was again more imperceptible. I thought he was gone. I placed him, instantly, in the former position, and, in less than 5 minutes, the pulse returned at the wrist, the heart began to beat again with renewed vigor, and the brain responded to its accustomed stimuli. The *rationale* of the treatment—the blood returned to the capillaries and the machinery of life, temporarily suspended, was again set in motion. He remained in this position 30 minutes longer, when he was placed in the recumbent posture. Cold applications were now applied to the head and hot epithems to the feet, and

an enema of whiskey, ℥ss., with gum camphor, gr. v., was given. This measure assisted in completing the reaction. In about 30 minutes from this time, he awoke and laughed. His convalescence was exceedingly rapid, but he was speechless 24 hours, when his voice returned.

I would state that I have no fitting language to express to the Society the gratitude of my heart for the priceless discovery made here, of the therapeutical advantage of *position* in the treatment of shock, and in concussion of the brain. It has amply repaid me for all my attendance here. It has quite recently saved two patients of mine, who, but for it, would have been in the land of spirits.

Proceedings of Societies.

CHICAGO MEDICAL SOCIETY.

FIBROID POLYPUS OF THE UTERUS.

Dr. Powell presented an interesting specimen of uterine tumor, which he had removed from a patient, 44 years of age. The patient had been married 22 years, had borne one living child, and experienced one miscarriage. She had uniformly enjoyed good health, except during the past five years. The first unpleasant symptom was a profuse menorrhagia, with bearing down pains, which usually lasted ten or twelve days. These symptoms continued two or three years, when the hemorrhage became so profuse and constant that the patient was compelled to remain in a recumbent posture. During the past two years, the anæmia and consequent nervous excitability have been alarming symptoms. The mucous membranes of the mouth and vagina were completely blanched, the discharge from the latter resembling thin mucilage.

On examination with the finger, the uterus was found high in the pelvis, the os being small but dilatable. The introduction of the finger into the cavity of the uterus, revealed a large

tumor, attached by a short, thick pedicel near the fundus. The os was still further dilated by the fingers, when the tumor was seized by a pair of forceps and gently drawn down. The chain of the ecraseur was thus readily passed over the polypus to the pedicel, which was divided, with the loss of scarcely a drop of blood. The tumor, as may be seen, is of a firm, fibrous structure, spheroidal in shape, its long diameter being about two inches, and its short diameter about one and a-half inches in length. Its surface was covered by a thin, vascular membrane, which was readily separated from the solid structure beneath.

CANCEROUS DISEASE OF THE STOMACH AND LIVER.

Dr. Fitch exhibited the stomach and liver of a female patient, 36 years of age, to whom he had been called the day before her death, but whose history he was unable to obtain.

The stomach, near the pyloric orifice, was much thickened and indurated by cancerous structure, the mucous membrane being much ulcerated. There was a large mass of cancerous growth in the liver, which was firmly attached to the stomach at the point where these organs normally lie in contact. There were, also, numerous nodules scattered over the lower surface of the liver, and also in its substance. The peritoneum was slightly affected.

GLAUCOMATOUS EYE.

Dr. Holmes exhibited an eye, which he had recently removed from a female patient, 65 years of age, who had suffered for two years from frequent attacks of most agonizing pain in and around the orbit. The primary attack occurred in a distant town, two years ago. The description of the symptoms, as given by the patient herself, in connection with the appearance of the eye at the time of its removal, leave no doubt that the disease was acute glaucoma. Iridectomy had not been performed. During these two years, the patient was subject to frequent attacks of most terrible pain.

On examination, previous to the operation, the globe was found to be exceedingly hard, the cornea insensible to the

touch, the pupil much dilated, the iris discolored and apparently atrophied, the lens opaque, and the conjunctiva slightly congested.

A free incision into the globe, as recommended by Hancock, was made, with the hope that the reduction of the great tension which existed would afford relief. The terrible pain, however, somewhat modified by the puncture, returned in a couple of days. Extirpation was deemed the most certain means of removing the distressing pain.

On dividing the globe, after the removal, the retina was found detached from the choroid and floating in a serous fluid, in form not unlike an umbrella nearly closed, a position in the central portions of the eye which this membrane must almost necessarily assume, when large quantities of fluid collect between it and the choroid.

LARGE CONCRETION, NEARLY FILLING THE GLOBE.

Dr. Holmes also exhibited a specimen, with the following history:—A blind Scotchman, 48 years of age, entered the Chicago Charitable Eye and Ear Infirmary, with most violent pain in the right eye. He stated that at the age of 15 years, his right eye had been accidentally punctured by a thorn. The wound healed slowly, leaving the eye, however, for sixteen years, subject to frequent attacks of intraocular inflammation, attended with much pain. At the end of this long period, the other eye began to be somewhat painful and red; the pupil gradually contracted and finally closed; vision slowly diminished, as the disease progressed, till the patient was totally blind.

The patient's description of the progress of the disease in each eye is so intelligent and minute, that there can scarcely be a doubt that we have, here, an example in which a patient was permitted, by inexperienced physicians, not only to endure most terrible periodic pain for sixteen years, but also to suffer total loss of sight in the other eye by sympathetic inflammation. Early extirpation of the injured eye would almost certainly have relieved the patient of pain and preserved the other eye.

After total blindness had occurred, the poor patient was permitted to suffer, from time to time, the same agonizing periodic pain for *seventeen* years longer.

On entering the Infirmary, the left eye was atrophied, but not painful. The right eye, which had received the thorn, was in the following condition:—The conjunctiva was very œdematous, the atrophied cornea being almost totally concealed from view; there was not only great tenderness on pressing upon the lids, but excruciating pain in and around the eye.

On extirpating the globe, it was found atrophied and deeply grooved by the recti muscles, and very hard; the sclerotic was much thickened; the whole interior of the eye was filled with a hard, calcareous concretion; no trace of the iris or choroid could be found; there was but a remnant of the lens; the anterior part of the concretion was very thin—through this portion a needle could be easily passed into a small central cavity, which undoubtedly contains remnants of the retina and vitreous humor. The injury, probably, caused hyperplastic inflammation of the choroid. The products of this inflammation were deposited, from time to time, in layers, between the choroid and retina, the latter of which was forced into the central portions of the globe; finally, the softer portions of the exudation became absorbed, the calcareous material being left in the form of the solid concretion observed in the specimen, very hard, and, on being struck with metal, giving the resonance of marble.

SEVENTEENTH ANNUAL MEETING OF THE ILLINOIS STATE MEDICAL SOCIETY—SPRINGFIELD, JUNE 4TH AND 5TH, 1867.

The members of the Illinois State Medical Society assembled in Annual Session, in the Representatives' Hall, June 4th, 1867, at 10 o'clock A.M.

Dr. F. B. Haller, of Vandalia, President, called the Society to order, and introduced the Rev. Albert Hale, who opened the exercises with prayer.

Dr. N. Wright, Chairman of the Committee of Arrangements, then extended a cordial and appropriate welcome to the members of the Society; after which, the Assistant-Secretary, Dr. P. H. Bailhache, reported the following list of members and delegates as present:—

Drs. L. T. Hewins and T. N. Booe, of Loda, and D. L. Jewett, of Watseka, Iroquois Co.

Dr. C. Goodbrake, Clinton, DeWitt Co.

Drs. H. H. Roman, H. C. Barrell, P. J. Wardner, Justus Townsend, B. F. Stephenson, A. Trapp, Lyman B. Slater, H. B. Buck, Geo. T. Allen, B. M. Griffith, P. H. Bailhache, and H. K. Palmer, of Springfield, and N. Wright, of Chatham, Sangamon Co.

Dr. G. W. Albin, Neoga, Cumberland Co.

Drs. A. Niles, Joseph Robbins, Louis Watson, and J. T. Wilson, of Quincy, Adams Co.

Dr. F. H. VanEaton, Carrollton, Greene Co.

" M. F. DeWitt, Whitehall, "

" F. B. Haller, Vandalia, Fayette Co.

Drs. E. W. Moore, S. T. Trowbridge, J. A. W. Hostetler, and A. McBride, of Decatur, and H. N. Clark, of Niantic, Macon Co.

Dr. M. Reese, Abingdon, Knox Co.

Drs. D. Prince, G. R. Bibb, and W. S. Edgar, of Jacksonville, and John W. Craig, of Arcadia, Morgan Co.

Dr. J. T. Frazer, Howard's Point, Fayette Co.

Drs. D. W. Young and E. H. Gale, of Aurora, Kane Co.

Dr. D. S. Jenks, Plano, Kendall Co.

Drs. W. A. Knox, A. Fisher, N. S. Davis, H. A. Johnson, E. Powell, J. H. Hollister, J. Adams Allen, Moses Gunn, J. S. Hildreth, E. L. Holmes, R. N. Isham, F. O. Earle, DeLaskie Miller, C. T. Fenn, E. Ingals, and Frank W. Rielly, Chicago, Cook Co.

Dr. T. D. Washburn, Hillsboro, Montgomery Co.

Drs. E. P. Cook and J. C. Corbus, Mendota, LaSalle Co.

Dr. J. F. Potts, Peoria, Peoria Co.

" J. Little, Leroy, McLean Co.

" H. Noble, Heyworth, McLean Co.

Drs. S. W. Noble, D. O. Crist, D. L, Crist, and T. F. Worrell, Bloomington, McLean Co.

Dr. S. B. McGlumphy, Lincoln, Logan Co.

" J. S. Whitmire, Metamora, Woodford Co.

" O. Q. Herrick, Kansas, Edgar Co.

" H. W. Davis, Paris, Edgar Co.

Drs. J. O. Hamilton, J. L. White, and G. C. Lyon, Jerseyville, Jersey Co.

Dr. Wm. Massie, Grandview, Edgar Co.

" W. R. Fox, Wilmington, Will Co.

Drs. W. H. Veatch and John Ewing, Pawnee, Sangamon Co.

Dr. H. S. Hurd, Galesburg, Knox Co.

" B. K. Shurtleff, Amboy, Lee Co.

ELECTION OF MEMBERS.

The following were also elected permanent members, by unanimous vote:—

Drs. John M. West, Williamsville.
Thos. Hickman, Vandalia, Fayette Co.
B. H. Cheeny, Joliet, Will Co.
Chas. Kerr, Pawnee, Sangamon Co.
J. Sweeney, Normal, McLean Co.
A. L. Kimber, Waverly, Morgan Co.
J. P. Mathews, Carlinville, Macoupin Co.
C. L. Hart, Irving, Montgomery Co.
John Walker, Berlin, Sangamon Co.

Henry W. Boyd, Alton, Madison Co.
J. L. Millier, Springfield, Sangamon Co.
J. C. Ross, Lincoln, Logan Co.
John W. Lawrence, Carbondale, Jackson Co.
G. H. Peebles, Williamsville.

A recess of 10 minutes was taken, to enable the delegates from each county represented to select one of their own number, to constitute a committee, for nominating officers and standing committees for the ensuing year. On being called to order, the following members had been selected to constitute the Nominating Committee:—

Drs. W. S. Edgar, of Morgan Co.
Louis Watson, of Adams Co.
D. W. Young, of Kane Co.
D. S. Jenks, of Kendall Co.
J. C. Corbus, of LaSalle Co.
C. Goodbrake, of DeWitt Co.
J. F. Potts, of Peoria Co.
J. T. Frazer, of Fayette Co.
R. N. Isham, of Cook Co.
J. S. Whitmire, of Woodford Co.
M. Reese, of Knox Co.
H. B. Buck, of Sangamon Co.
S. T. Trowbridge, of Macon Co.
T. F. Worrell, of McLean Co.
G. W. Albin, of Cumberland Co.
O. Q. Herrick, of Edgar Co.
D. L. Jewett, of Iroquois Co.
S. B. McGlumphy, of Logan Co.
T. D. Washburn, of Montgomery Co.
J. L. White, of Jersey Co.
H. W. Boyd, of Madison Co.
F. H. VanEaton, of Greene Co.
B. K. Shurtleff, of Lee Co.

The Secretary read a letter from Dr. Taggert, of Cairo, explaining his inability to attend the present meeting. Also, a letter from Dr. R. G. Bogue, of Chicago, member of the

Special Committee on Deformities of the Spine and Joints, explaining the non-appearance of a report by the Committee, and asking further time, with the addition of Dr. F. O. Earle, of Chicago, to the Committee.

On motion, the request of Dr. Bogue was granted, and the Committee continued another year.

Dr. H. A. Johnson moved that the amendment to the Constitution, proposed last year, *granting to permanent members the right to vote, the same as delegates*, be taken from the table and adopted. The motion was sustained by a vote of 24 yeas and 1 nay; the members of the Nominating Committee being absent from the room.

Dr. DeLaskie Miller moved the adoption of a pending amendment to the Constitution, fixing the regular annual meetings of this Society on the *Third Tuesday in May*, in each year. The amendment was adopted by a vote of 32 yeas, 0 nays.

Dr. J. Adams Allen, Chairman of the Standing Committee on Practical Medicine and Epidemic Diseases, stated that the report consisted chiefly of two papers; one on Cholera, as it prevailed in Chicago in the summer of 1866, written by Dr. Marsh, of Chicago; another on Diseases in the Interior of the State, by Dr. L. T. Hewins, of Loda.

The first of these papers was made the special order for consideration at 2 o'clock P.M.

Dr. C. Goodbrake, Chairman of the Nominating Committee, submitted the following report:—

For President—Dr. S. W. Noble, of Bloomington.

For Vice-Presidents—Drs. D. W. Young, of Aurora, and O. Q. Herrick, of Kansas.

For Treasurer—Dr. J. H. Hollister, of Chicago.

For Next Place of Meeting—Quincy.

On motion of Dr. H. A. Johnson, the report of the Committee was accepted, and the several candidates for office unanimously elected.

The President appointed Drs. Johnson, Miller, and Moore a committee to conduct the newly-elected officers to their places.

Drs. Noble and Young, on being conducted to their places,

thanked the Society for the honor conferred on them; and the retiring President, Dr. Haller, delivered a short, but appropriate address.

The annual assessment for the year 1867, was fixed at $3.

Dr. H. A. Johnson then moved a reconsideration of the vote adopting the constitutional amendment relating to voting by permanent members.

The motion was carried, and, after a brief discussion by Drs. Johnson, Watson, Moore, Niles, Young, Worrell, and Davis, the amendment was again adopted, by a unanimous vote of 49 ayes, 0 nays.

On motion, the Society adjourned to 2 o'clock P.M.

AFTERNOON SESSION.

The Society was called to order at 2 o'clock P.M., Dr. S. W. Noble, President, in the chair.

Dr. J. Robbins, of Quincy, moved to amend the minutes of the last annual meeting, by inserting the following in the place of the fifth paragraph from the bottom of page 5 of the printed transactions:—

"A paper was presented from the Adams County Medical Society, remonstrating against the admission of the Quincy Medical Society to representation in this Society, which was referred to a special committee, consisting of S. T. Trowbridge, H. Noble, and J. M. Steele.

"The special committee, to whom was referred the communication from the Adams County Medical Society, reported the following resolution, which was adopted:—

"*Resolved*, That the so-called Quincy Medical Society is not entitled to representation in the Illinois State Medical Society."

After some discussion, the amendment proposed by Dr. Robbins was adopted, and the minutes, as amended, approved.

The special order of business being the report of the Standing Committee on Practical Medicine, Dr. J. A. Allen, Chairman of that Committee, read a paper on the Prevalence of Cholera in Chicago during the year 1866, written by Dr. W. R. Marsh of Chicago. The report was founded almost exclu-

sively on the records of the Health-Officer of Chicago, and after some discussion by Drs. N. S. Davis, H. A. Johnson, and D. Prince, it was, on motion of Dr. P. H. Bailhache, referred to the Committee of Publication.

An invitation was received from the Mayor and city authorities of Springfield, to visit Oak Ridge Cemetery at 4 o'clock P.M., which was accepted.

Dr. J. Adams Allen presented the following resolution:—

Resolved, That the moderate use of ripe, but not stale or decaying, fruits is not objectionable as tending to produce cholera, but, rather, conducive to the preservation of health during the hot season.

This elicited a discussion, which was participated in by Drs. Edgar, Allen, Johnson, and Prince. While the latter was speaking, the hour fixed for the excursion to Oak Ridge arrived, and the further consideration of the subject was postponed until 9 o'clock Wednesday morning.

Notice was given that a public lecture would be given in the Hall, by Dr. J. Adams Allen, of Chicago, at 8 o'clock that evening.

The Society then adjourned to 9 o'clock A.M. of Wednesday.

WEDNESDAY, JUNE 5TH.

The Society was called to order at 9 o'clock A.M., Dr. S. W. Noble, President, in the chair.

Dr. N. Wright, in behalf of the Committee of Arrangements, reported the following list of volunteer communications, with a recommendation that they be heard in order after the reports of committees.

Tracings of the Pulse, and Shygmograph for making the same, prepared by H. A. Johnson, M.D., Prof. Chicago Med. College.

Experimental Inquiries concerning the Physiological Effects of Alcoholic Drinks. By N. S. Davis, M.D., Prof. Chicago Med. College.

Treatment of Paniform Cornea, occurring with Granular Eye-Lids. By Joseph S. Hildreth, M.D., Chicago.

Pocket Obstetric Forceps, with a description of the same. By Addison Niles, M.D., of Quincy.

A Case of Hydrophobia, with Treatment. By T. R. Higgins, M.D., of Vandalia.

Deformities of the Spine treated by Mechanical Appliances. By F. O. Earle, M.D., of Chicago.

Dr. J. H. Hollister offered the two following resolutions, which were unanimously adopted.—

Resolved, That the Treasurer report to the Publishing Committee, at the close of each annual meeting, the names of all those members who have been present at any one or more of the annual meetings during the *five* preceding years; or who have paid one or more annual assessments during that time; or have reported physical disability, preventing attendance at said meetings. And that only the names so reported be published in the Transactions for that year.

Resolved, That the Treasurer be instructed to communicate each year with all the members whose names appear in the Transactions, who have not paid their annual dues, and solicit payment of the same.

Dr. David Prince offered the following, which was adopted unanimously:—

Resolved, That it is with deep regret that the members of this Society contemplate the death of Daniel Brainard, M.D., Professor of Surgery in Rush Medical College; and that we unanimously accord to his memory the high appreciation due to the name of one who, by his talents and industry, has added to the sum of human knowledge, thus placing the world, as well as the profession, under obligations to perpetuate the memory of his contributions.

Dr. T. F. Worrell moved that a committee of five be appointed as a judicial committee to investigate the charges against Dr. Addison Niles, of Quincy. The motion was adopted, and the President appointed Drs. David Prince, E. W. Moore, DeLaskie Miller, O. Q. Herrick, and L. T. Hewins as said committee. And at a subsequent stage of the proceedings, the names of Drs. H. A. Johnson and Edwin Powell were added to the committee.

Dr. F. B. Haller. of Vandalia, offered the following resolution:—

Resolved, That we, the members of the State Medical Society, recommend that the several medical schools in this State adopt the plan of teaching recommended by the recent teachers' convention, in Cincinnati, as soon as practicable; and that we will send our pupils to the school or schools adopting such plan.

Dr. J. Adams Allen moved that the consideration of the subject be postponed until the reports from standing and special committees had been received and disposed of. Which motion was adopted.

Dr. C. Goodbrake, in behalf of the Committee on Nominations, reported the following as standing and special committees to report at the next annual meeting of the Society:—

Committee on Practical Medicine and Epidemics—Drs. H. A. Johnson, of Chicago; E. P. Cook, of Mendota; and Wm. Massey, of Grandview.

Committee on Surgery—Drs. E. Powell, of Chicago; Geo. T. Allen of Springfield; and S. T. Trowbridge, of Decatur.

Committee on Obstetrics—Drs. E. W. Moore, of Decatur; G. W. Albin, of Neoga; and W. A. Elder, of Bloomington.

Committee on Drugs and Medicines—Drs. Henry Wing, of Collinsville; W. S. Edgar, of Jacksonville; and D. S. Jenks, of Plano.

Committee on Ophthalmology—Drs. H. H. Roman, of Springfield; Joseph S. Hildreth, and E. L. Holmes, of Chicago.

Committee on the Causes, Pathology, and Treatment of Cholera—Dr. N. S. Davis, of Chicago.

Committee on the Language of the Pulse—Dr. J. H. Hollister, of Chicago.

Committee on Fracture of Lower End of Radius—Dr. David Prince, of Jacksonville.

Committee on Conservatism in the use of Remedial Agents—Dr. E. Ingals, of Chicago.

On motion of Dr. H. A. Johnson, Quincy was designated as the place for holding the next annual meeting of the State Medical Society.

On motion, the report of the Nominating Committee was adopted.

The resolution offered by Dr. J. A. Allen, in relation to the use of fruit during seasons when cholera is prevalent, being the special order, was taken up; Dr. Prince having the floor.

Dr. Prince advocated the resolution, and gave some interesting facts relating to the efforts to suppress the use of fruits in St. Louis during a former prevalence of cholera in that city.

Dr. W. S. Edgar thought some fruits might be used safely, while others were dangerous. Hence, he moved to amend the resolution by inserting the words "some fruits," which was lost.

Dr. E. Ingals offered the following as a substitute for the resolution of Dr. Allen, but subsequently modified his motion, so as to make it an additional resolution:—

"*Resolved*, That the diet that is ordinarily most wholesome is the proper diet to be taken during an epidemic of cholera."

After further discussion by Drs. T. F. Worrell, D. W. Young, and H. A. Johnson, Dr. N. S. Davis moved to amend the original resolution, by inserting after the word "fruits," the words "taken at the ordinary meals." He fully endorsed the position that good, ripe fruits not only did not predispose to attacks of cholera, but were positively beneficial as articles of food. But, like all other articles of food, they should be taken only at proper intervals; and, as physicians, they should not adopt any resolution that might be so construed as to encourage the eating of even ripe fruit at any and all hours of the day. The amendment was accepted without opposition.

Dr. H. A. Johnson thought it injudicious to adopt any resolution on the subject, and moved to lay the resolutions on the table. The motion was lost, by 29 yeas, 34 nays.

The resolution offered by Dr. Allen, and amended, was then adopted as follows:—

Resolved, That the moderate use of ripe, but not stale or decayed, fruits, taken at the ordinary meals, is not objectionable, as tending to produce cholera, but, rather, conducive to the preservation of health during the hot season.

The resolution offered by Dr. E. Ingals, was also adopted.

Dr. J. H. Hollister offered the following resolution, which was adopted:—

Resoleed, That a special committee of three be appointed upon the subject of Necrology, having reference to the proper preservation of statistical and other memorial records of its deceased members.

Dr. Hollister also proposed such an alteration of the Constitution as would make the Committee on Necrology a *standing* committee. Laid on the table until the next annual meeting.

Dr. J. S. Whitmire offered the following, which was adopted:

Resolved, That it now be made a permanent rule of this Society, that no member shall be permitted to speak a second time on any one subject, without the special permission of this Society.

Dr. E. W. Moore moved that Art. 4 of the Constitution be so amended that the term of office of the President and Vice-Presidents shall commence at the opening of the next annual meeting after their election. Laid over, under the rules.

The hearing of reports of standing committees was then resumed, and Dr. L. T. Hewins, one of the Committee on Practical Medicine, read an interesting report, which was accepted and referred to the Committee on Publication.

Dr. DeLaskie Miller, Chairman of the Committee on Obstetrics, presented an abstract of his report, which, on motion, was accepted, and the report referred to the Committee on Publication.

Dr. H. W. Davis presented a lengthy report, embodying the results of his surgical practice during his recent service in the army; which was accepted without reading and referred to the Committee on Publication.

Dr. Geo. T. Allen presented a short paper on the Radical Cure of Inguinal Hernia, with the instruments required for the operation. The paper was referred to the Committee on Publication.

Dr. Trowbridge, Chairman of the Committee appointed at the last annual meeting, to urge the enactment of suitable laws by the State Legislature, reported as follows:—

To the Honorable President and Members of the Illinois State Medical Society:—

The committee, to whom was entrusted the draft for the afore-mentioned law, would beg leave to report:—

That prior to the session of the General Assembly, ending the current year, there was a correspondence opened with several legislators whose opinions were favorable to the scheme, and the draft submitted to this body one year ago, at Decatur, by the Macon County Medical Society, was sent to them. There was, therefore, a very favorable element in quite a number of intelligent men of both brancues of the Legislature anxious for the passage of such an act.

About ten days after the assembling of the Legislature, a quorum of this committee met in Springfield and consulted as to a plan of procedure, and determined that the bill should make its appearance in the Senate first. It was, therefore, presented to that body by its able and zealous friend, the Hon. W. H. Cheney, of McLean Co. We had a preference that it should be referred—because of its pertinence—to the Committee on Education, which preference met the approval of the honorable senator presenting it. We consulted the members of the Committee on Education, in part, concerning the prospects of the passage of the bill, and found no opposition to it after they saw fully what it assumed to correct.

Starting it thus in the Senate, and feeling favorably impressed with the encouraging assurances which we received from various influential senators, we next consulted with many members of the House of Representatives concerning its passage through that body, should it succeed in passing through the Senate, and for a time felt sanguine of success, from the promises we received. But the golden pitcher was broken at the *fountain*. The Committee on Education tabled the bill in their room, and thus the thing was *still-born*, or rather still *unborn*, and so remained. Our honorable senator attempted to take it from the table that it might be recommitted, but it failed even in that.

There was so determined a spirit in the House that some-

thing of the kind should pass, that a bill was prosented to that body, bearing features widely differing from those which this committee was ordered to present, and considered by its friends as more conservative, which, although not killed in the committee rooms, was in the House.

It is, however, flattering, to reflect that the necessity of such a law was entertained by the Senate and House, by a larger number of men than any similar bill had ever been before. We therefore hope and expect that the intelligence of our lawmakers will so grow that to pass a statute possessing the plain-faced merit of the one which we presented will, some day soon, be the accomplishment of our continued and persistent effort. We therefore recommend that the enterprise be continued, by the appointment of a more weighty and politically influential lobbying committee.

S. T. TROWBRIDGE, M.D.
GEO. T. ALLEN, M.D.
P. H. BAILHACHE, M.D.

Dr. W. S. Edgar offered the following, which was adopted:—

Resolved, That a committee of five be appointed, to report a memorial and law, to be presented to the Legislature at its next regular session, for the better regulation of the practice of medicine in the State; said committee to report the result of their labors at the next meeting of the Society.

Dr. N. S. Davis, Permanent Secretary, in behalf of the Committee of Publication, presented the following report:—

When the undersigned commenced his term of office as Secretary, more than ten years since, the treasury of this Society was considerably in debt for the publication of the Transactions of the preceding year. And the receipts into the treasury have not been sufficient to liquidate the indebtedness and pay the full current expenses of publication. Hence, three alternatives have recurred to your committee at each returning year, namely:—first, to omit the publication of the Transactions annually, for want of funds; second, to publish on the individual credit of the committee, with an annually increasing balance against the treasury, which by this time would have

amounted to not less than $1000; or, third, to reduce the cost of publication to the amount actually in the treasury, or nearly so. The only possible mode of accomplishing the latter alternative was, to first print the record of proceedings, reports, and papers constituting the Transactions, in the medical periodical under the control of the Secretary, and furnish extra sheets enough to make up the required number of volumes of Transactions for the use of the Society, at the cost of simple presswork, paper, and binding. In this way, from $100 to $150 could be saved to the treasury annually.

Regarding the publication of the reports and papers read before the Society, in the medical periodicals as, in itself, a benefit, by giving them a wider circulation in the profession, your committee did not hesitate to adopt the third alternative named. This course met the uniform approval of the Society until the meeting in Decatur, June, 1867. At that meeting, which is the only one that your Secretary has failed to attend during his term of office, this subject was referred to a committee, whose report stated that it was *not* desirable to have the Transactions published in the medical journals, and recommended that 100 copies be published, independently, for the members of the Society. This report was laid on the table, without any action by the Society. Hence, the Committee of Publication were left without either an approval of their past work, or any instructions for the future.

As soon after the last meeting as the material for the Transactions had been placed in the hands of the committee, it was found that the independent publication of 100 copies of the Transactions would cost at least $260, while there was, at that time, a balance of only $100 in the treasury. In this dilemma, your committee resorted to the same practice as in preceding years, by which they reduced the cost of publication $111, distributed copies of the Transactions to all members who had paid the annual assessment early in November, and left the treasury free from embarassment. It is to be hoped that the increased number of members in attendance on the present annual meeting will so increase the receipts of the Treasurer, that the

Transactions of this meeting can be immediately sent to press, as an independent publication. But if, as has heretofore been the case, the amount should be found insufficient, your publication committee should not be left in the embarassing position of having neither the positive approval nor the instructions of the Society.

Immediately after the last annual meeting, the full record of proceedings was furnished for publication in both the medical journals published in our State. Subsequently, written notices were sent by the Secretary to the chairman of each committee charged with the duty of making a report at the next annual meeting. Certificates of appointment were also sent to each delegate appointed to attend the meeting of the American Medical Association for 1867.

As the duties devolving on the Publication Committee depend, for their execution, mainly upon the Permanent Secretary, the undersigned would respectfully request the Society to appoint his successor whenever they deem it advisable to do so.

Respectfully submitted, in behalf of the Com. of Publication.

N. S. DAVIS, *Permanent Secretary.*

The report was accepted, and a vote of thanks unanimously tendered to Dr. Davis, for his services in superintending the publication of the Transactions of the Society.

Dr. J. H. Hollister presented the annual report of the Treasurer, showing a balance of $2 or $3 in the treasury.

The report was accepted and referred to the Auditing Committee.

On motion, the Society adjourned to 2 o'clock P.M.

AFTERNOON SESSION—SECOND DAY.

The meeting was called to order at 2 o'clock P.M., Dr. S. W. Noble in the chair.

Dr. D. Prince, Chairman of the Judicial Committee, made the following report, which was accepted and the committee discharged:—

Whereas, The claim of Dr. Addison Niles to membership in the Illinois State Medical Society rests upon the fact of his

having been received as a delegate from a society which the Illinois State Medical Society has declared not entitled to representation; therefore,

Resolved, That the charges are not regularly before the Society.

The committee would further recommend, that inasmuch as the Quincy Medical Society was not heard in its defence last year, that the question of its right to representation be referred to a new committee, with instructions to report at the next meeting of this Society.

DAVID PRINCE,
DELASKIE MILLER,
H. A. JOHNSON,
E. POWELL,
E. W. MOORE,
} *Committee.*

Dr. J. Robbins, of Quincy, offered the following as an amendment to the report:—

Whereas, The claim of Dr. Addison Niles to membership in this Society rests alone on the fact that he was delegated thereto by a body (the so-called Quincy Medical Society) which this Society has declared not to be entitled to representation; therefore,

Resolved, That the name of Dr. Addison Niles be stricken from the roll of members.

On motion of Dr. H. Noble, the amendment was laid on the table. The report of the Committee was adopted.

Dr. C. Goodbrake, in behalf of the Nominating Committee, made the following recommendations of committees:—

For Local Secretary—Dr. J. Robbins, of Quincy.

For Committee of Arrangements—Drs. Louis Watson, J. N. Ralston, and J. T. Wilson, of Quincy; M. Shepherd, of Payson; and W. M. Landon, of Burton.

For Committee on Necrology—Drs. J. H. Hollister, of Chicago; F. B. Haller, of Vandalia; and W. S. Edgar, of Jacksonville.

For Committee on Legislation—Drs. S. T. Trowbridge, of Decatur; H. A. Johnson, of Chicago; F. B. Haller, of Van-

dalia; W. S. Edgar, of Jacksonville; and H. Noble, of Heyworth.

On Cholera-Infantum—Dr. DeLaskie Miller, of Chicago.

On motion, the report was accepted, and its recommendations adopted.

Dr. H. A. Johnson offered the following, which was adopted:

Resolved, That the Committee on Legislation be instructed to prepare and present to the next regular session of the State Legislature, a bill legalizing human dissections, and that each member of this Society be requested to urge upon our legislators the importance of such legal provisions, as a protection to public and private cemeteries, as well as for the promotion of medical and surgical education.

Dr. D. W. Young moved that the thanks of the Society be tendered to Dr. J. Adams Allen, for his interesting public address last evening, and that he be requested to furnish a copy of the same to the Publication Committee, which motion was carried in the affirmative.

Dr. P. Bailhache, Chairman of the Committee on Drugs and Medicines, presented an interesting report, which was accepted and referred to the Committee of Publication.

Dr. David Prince read an abstract of his report on Plastic Surgery, which was accepted, and the report referred to the Committee of Publication.

Dr. H. A. Johnson offered the following, which was adopted:

Resolved, That Drs. J. W. Freer and Edmund Andrews be appointed by this Society, delegates to the International Congress, to be held in Paris, during the month of August next.

Dr. E. L. Holmes, Special Committee on Ophthalmology, presented a brief report, which was accepted and referred to the Committee of Publication.

Dr. T. D. Fitch, Chairman of the Committee on Specialties and Medical Advertising, presented a report, which was read by the Secretary and referred to the Committee of Publication.

Dr. D. Prince, from the same committee, presented a minority report, which was also referred to the Committee of Publication.

Dr. J. S. Hildreth read an interesting paper on Granular Conjunctivitis with Paniform Cornea, which was accepted and referred to the Committee of Publication.

Dr. H. A. Johnson presented some interesting illustrations of the pulse lines, as written by the sphygmograph, together with the instrument. The communication was referred to the Publication Committee.

Dr. N. S. Davis read a paper on the Physiological Effects of Alcoholic Drinks, which elicited an interesting discussion, and was referred to the Committee of Publication.

On motion of Dr. D. W. Young, the Society proceeded to elect the following members as delegates to the next annual meeting of the American Medical Association:—

Drs. T. F. Worrell, of Bloomington.
J. H. Hollister, of Chicago.
C. Goodbrake, of Clinton.
Jos. Robbins, of Quincy.
W. S. Edgar, of Jacksonville.
H. B. Buck, of Springfield.
F. B. Haller, of Vandalia.
Moses Gunn, of Chicago.
J. C. Corbus, of LaSalle.
J. T. Wilson, of Quincy.
H. Noble, of Heyworth.
N. Wright, of Chatham.
L. T. Hewins, of Loda.
H. W. Davis, of Paris.
B. K. Shurtleff, of Amboy.
J. M. Steele of Grandview.
E. H. Gale, of Aurora.

Dr. P. H. Bailhache reported that the Treasurer's report has been examined by the Auditing Committee, and found correct.

Dr. J. S. Hildreth offered the following, which was referred to the Committee on Legislation:—

Resolved, That a committee of three be appointed, to report at the next annual meeting of this Society, upon the necessity

of an act of the Legislature defining the duties, responsibilities, and liabilities of Druggists and Pharmaceutists.

On motion, the Society adjourned, until 7 o'clock P.M.

EVENING SESSION—SECOND DAY.

The Society was called to order by the President at 7 o'clock P.M.

Dr. F. O. Earle, of Chicago, read a paper on the Mechanical Treatment of Angular Curvature of the Spine, and exhibited apparatus. The paper was accepted and referred to the Committee on Publication.

Dr. Addison Niles presented a specimen of Pocket Midwifery Forceps, with a description of the same, which was referred to the Committee of Publication.

Dr. Higgins, of Vandalia, presented the history of a Case of Hydrophobia, which was read by Dr. F. B. Haller, and elicited some discussion. The thanks of the Society were tendered to Dr. Higgins, with the request that the case be published in some medical journal.

Dr. H. A. Johnson offered the following resolution, which was adopted:—

Resolved, That this Society urge upon the municipal authorities of all our cities and larger towns the importance of a careful record of births, and a uniform registration of deaths and their causes, using for this purpose such necrological tables as have been generally adopted in this country and Europe.

Dr. D. Prince offered the following, which was adopted:—

Resolved, That the Committee on Legislation be instructed to consider the propriety of urging upon the Legislature the passage of a law requiring railroad companies, and other incorporated companies using machinery, to be responsible for the expense of board, nursing, medical supplies, and medical attendance necessary for their employees during the process of recovery, not exceeding six months, in cases of injuries received in the performance of their duties.

The resolution relating to medical education, previously offered by Dr. F. B. Haller, and deferred until the reports of

committees, etc., had been disposed of, was now taken up, and after some remarks by Dr. Haller, it was, on motion of Dr. J. S. Whitmire, referred to a committee of three, to report on the same at the next annual meeting of the Society. Drs. F. B. Haller, S. T. Trowbridge, and H. Noble were appointed said committee.

The President also appointed the following committee to examine and report on the status of the Quincy Medical Society: Drs. C. Goodbrake, E. L. Holmes, and D. O. Crist.

The following resolutions were unanimously adopted:—

Resolved, That the thanks of this Society be and are hereby tendered to the retiring officers, for their faithful performance of their respective duties.

Resolved, That the thanks of this Society are hereby tendered to the profession, citizens, and authorities of Springfield, and also to the Committee of Arrangements, for the provision made for the accommodation and entertainment of the Society at this meeting.

Resolved, That the thanks of the Society be tendered to Hon. Sharon Tyndale, the Hon. Secretary of State, for his courtesy in granting the use of the Hall of Representatives for the sessions of the State Medical Society.

Resolved, That the thanks of the Society be tendered to the Superintendents of the Illinois Central R.R., the Chicago, Alton and St. Louis R.R., and the Toledo, Wabash, and Great Western R.R., for their favors of commutation tickets to members of the Society attending this meeting.

On motion, the Society adjourned *sine die*.

N. S. DAVIS, *Permanent Sec'y.*
P. H. BAILHACHE, *Ass't-Sec'y.*

MILITARY TRACT MEDICAL ASSOCIATION.

Association met pursuant to adjournment, at Monmouth, May 14th, 1867, 10 A.M., in the Eccrittean Hall of Monmouth College. Meeting called to order by the President, Dr. A. H. Thompson, of Princeton. Opened with prayer by Rev. D. A.

Wallace, D.D., President of the College. Minutes of previous meeting read and adopted.

Election of officers for the ensuing year being next in order, the following named gentlemen were declared officers of the Association: H. Nance, M.D., Kewanee, President; David McDill, M.D., Biggsville, Vice President; S. K. Crawford, M.D., Monmouth, Secretary and Treasurer; A. H. Thompson, M.D., Princeton, J. R. Webster, M.D., Monmouth, and J. C. Smiley, M.D., of Kewanee, Censors.

Dr. Thompson, the retiring President, made some very appropriate remarks on the history and progress of the Association, its present flourishing condition, and prognosticated its future career to be a glorious and successful one.

Dr. Nance, on taking the Chair, thanked the Association for the honors conferred, and proceeded at once to the transaction of business.

Essays being called for, Dr. Webster read one on Cholera Infantum. He recommends the chalk mixture, with the vegetable astringents, after the secretions have been corrected by mercurials, and nourishes his little patients with milk and animal broths, and ice cream and stimulates. The Society, by an unanimous vote, thanked the author of the essay, and recommended its publication.

Dr. Thompson made a verbal report of several cases of vesico-vaginal fistula, upon which he had recently operated, and exhibited instruments.

Dr. Ruce, of Knox, exhibited a calculus of the mulberry variety, taken from a little boy four years old. Dr. Ruce removed it by the ordinary lateral operation. Speedy recovery.

Dr. Webster reported a case of fracture of spinous process of twelfth dorsal vertebra. Rest; recovery.

Dr. Hamilton, of Galesburg, Chairman of Committee on Surgery, read reports from Spaulding, of Galesburg, and Crossley, of Princeton.

Dr. Spaulding thought there was too much conservative surgery practiced, and that the knife is often withheld when its prompt use might and would save the life of the patient.

Dr. Crossley spoke of bromide of potass. in from ten to thirty grain doses, in spermatorrhœa, with the happiest results. Thinks, perhaps, the iodide would answer the same good purpose.

Dr. Hamilton remembered a case of spermatorrhœa in which local cauterization was had recourse to after all else had failed, and was eminently successful.

Dr. Hamilton reported on the use of bromine in erysipelas and gangrene, and thinks, after a fair trial of it, in both civil and military practice, he can give a favorable opinion of its efficacy in those affections for which it has hitherto been so highly recommended. Thinks that bromide of potass. may prove an antidote in hydrophobia.

Drs. Thompson, Ruce, McDill, and others, spoke in laudatory terms of bromine, bromide of potass., and bromide of ammonium.

Dr. Ewing, of Monmouth, Chairman of Committee on Materia Medica and Therapeutics, read reports from Breed and Smiley.

Dr. Breed spoke of new remedies, and prominent among which was bromine and bromide of potass.

Dr. Smiley dwelt at some length on the importance of food, sleep, pure air, and cleanliness, in the management of disease in whatever form.

Dr. Ewing's personal report was not heard, on account of the late hour and amount of other business to be disposed of.

Dr. H. Nance read an able report on obstetrics.

Moved by Dr. Thompson, that in appointing the Committees on different branches of medicine and surgery, it is desired that the reports be all sent to the Chairman of the Committee, and by him condensed and reported to the Association, and that the facts, so far as possible, shall be original, in their own experience, or new as to the literature of the profession. Unanimously adopted.

Drs. Phillips, Spalding, Gilbert, Young, and others, discussed the change of type of disease. Other animated discussions followed, on various topics, and all the members manifested a lively interest.

Moved by Dr. Young, and adopted, that hereafter the Association, at its semi-annual meetings remain in session two days instead of one, as heretofore.

Moved by Dr. Gilbert, and and adopted, that puerperal convulsions and aphasia be the special subjects for consideration and discussion at the next meeting of the Association.

Moved by Dr. Tnompson, and carried, that the next meeting be held in Princeton.

Society adjourned to meet in Princeton on the second Tuesday in December, 1867.

H. NANCE, M.D., President.

S. K. CRAWFORD, M.D., Secretary.

ALLEN COUNTY, INDIANA, MEDICAL ASSOCIATION.

Pursuant to previous announcement, the Allen County Medical Society met at 3 o'clock P.M., on Thursday, June 6th, 1867, in the reading room of the Young Men's Christian Association, for its annual session, together with a large number of invited guests—members of the profession—from several of our neighboring Counties, Wabash, Huntington, Columbia City, Auburn, and Buffton, Ind., and Van Wert, Hicksville, Defiance, and Antwerp, Ohio, were amongst the places outside this County, represented in the meeting.

The meeting was called to order by the President elect, Dr. T. C. Eakin, of Monroeville, and Dr. J. S. Gregg, of Fort Wayne, previously elected for the ensuing year, took his seat as Secretary.

The Chair then appointed as the Committee of Censors provided for by the Constitution, Drs. Woodworth, Erwin, and H. P. Ayres.

The retiring Secretary, Dr. A. J. Erwin, and Treasurer, Dr. W. H. Brooks, presented their annual reports, which were adopted.

An invitation was then given to visiting members of the profession, to become permanent members of this Society, when

the following gentlemen, by their consent, were duly proposed and elected for membership, and were admitted by signing the Constitution: T. Davenport, Warsaw, Ind.; D. G. Linvill, Columbia City, Ind.; F. McCoy, Columbia City, Ind.; W. T. Ferguson, Columbia City, Ind.; J. M. Josse, Fort Wayne; Charles Meyer, Fort Wayne; A. Engle, Monroeville; James McCleerey, Bluffton; Joseph Emanuel, Spencerville; C. S. Melsheimer, Bluffton; W. R. Winton, Wabash; A. D. Emanuel, Antwerp, Ohio; A. McDaniel, Antwerp, Ohio; L. G. Thacker, Defiance, Ohio; J. B. Cassbeer, Auburn, Ind.; Jacob W. Abel, Leslie, Ohio; B. F. Cessna, Van Wert, Ohio; Wm. Longsworth, Van Wert, Ohio; D. W. Champer, Bluffton, Ind.; Wm. Dugal, New Haven, Ind.

A motion was then adopted making all other invited guests members of the Society.

The following resolution was then offered by Dr. H. P. Ayres:

Resolved, That the principles which govern us in the treatment of disease generally are the fundamental principles of correct medication of Asiatic cholera.

Prof. J. Adams Allen, of the Rush Medical College, by invitation, then came forward and addressed the Society at some length, on the subject of the resolution, giving an interesting history of the cholera epidemic in Chicago, last summer and fall. He dwelt with much emphasis on the local causes which increased the malignancy of the disease in that city, amongst which were the filthy condition, in certain parts of the city, of the alleys and streets with rotten wood pavements, decaying organic mattars in cellars, imperfect drainage, bad condition of sewers, the want of proper ventilation of many houses, from cellar to attic, etc.

He urged the necessisy of the practical application of the principle that "an ounce of prevention is worth a pound of cure;" and that cholera is much more easily prevented by a rigid enforcement of correct sanitary measures than cured. He showed clearly that when the scourge could not be entirely prevented by such regulations, its malignance could be very greatly mitigated, and rendered much more manageable by a proper course of medication.

On its treatment we have no *specifics*. Each case must be treated upon general principles, as expressed in the resolution, the best treatment being modified to suit the modifications in each particular case.

After Prof. Allen resumed his seat, the discussion was continued for some time, by Dr. Woodworth, who called special attention to the use of disinfectants, in the prevention of disease, and Dr. Winton, and others.

After some further preliminaries, uninteresting to the public, the Society adjourned, to meet in Hamilton's Hall, at 8 o'clock, to hear the public lecture by Prof. Allen, on "The True Basis of Medical Science."

The discourse was a highly philosophical one—well calculated to show the many fallacies of the reasonings of many half-learned doctors, as well as charlatans in all professions, especially that very common false mode of reasoning, called the *post hoc ergo propter hoc* method. The lecture abounded with touches of quiet humor and graces of literature, which showed the speaker was an accomplished scholar, and a highly cultivated gentleman. The subject of the discourse was, it is true, not so well calculated to amuse a promiscuous audience as to instruct a literary one; but considering the *personnel* of his auditors, it was well chosen, and, as we have said before, highly appreciated.

After the close of the lecture, the members of the Society, with invited guests, to the number of nearly one hundred, adjourned to the spacious dining hall of the Aveline House, where a sumptuous festival had been prepared for the occasion, in Messrs. Miller & Moritz's best style. As the eatables and drinkables went in, wit and humor began to flow out.

There will be a stated meeting of the Society on the first Tuesday of each month. F. W. D.

Editorial.

Supplement.

The large mass of material crowding upon THE JOURNAL, necessitates publication of the doings of the State Medical Society by means of a supplementary form of sixteen pages. Even with this addition, we find it impossible to publish the transactions of several Societies, which have been kindly forwarded. We are particularly melancholy in the reflection that our own article, detailing the doings of the American Medical Association, has to wait a little longer in the editorial pigeon holes. Our philanthropic and humanitarian sensibilities are touched to think that the professional leviathans, who only come to the surface to spout at this great occasion, cannot be aired by THE JOURNAL just yet. Nevertheless, our bowels of compassion have been so stirred within us by perusal of the doings that we almost think it providential that our readers are not endangered likewise in this threatening cholera season. But patience! What "A. B. P." did, and what the "Apostle" and "Father" said in explanation, shall they not be immortalized, like names "writ in water," in the TRANSACTIONS?

Delay.

The issue of THE JOURNAL for July has been delayed for a few days, in order to send out with it the Annual Announcement and Catalogue of Rush Medical College. It will be seen that the school is in a condition of high prosperity, and its prospects for the future more flattering than ever before during its history.

Communications

Will speedily appear from Drs. Prince, Anderson, Durham, Ormsby, Robbins, Hunt, Hart, and many others. This month permits only acknowledgement.

Gayetty Outdone.

A certain Dr. D—l avers in the "Healer's Advocate:"

"Our healing virtue assimilates, more or less, with material

matter that is brought in contact with us. Hence frequently remarkable cures have been effected in one family where but one patient had been treated. *Invalids have sent us garments*, which, handled by us, would become imbued with our healing virtue, and have been cured by them. We have often furnished invalids with imbued paper, and have helped many thereby."

This creature, instead of being flogged at the cart's tail out of town, is to-day laying on his hands and applying his "imbued paper" in many fashionable quarters of Chicago. Several wondering blockheads have asked us if we didn't think the d—l was in it? To which we have modestly replied that it was only another evidence of the tendency of the human mind to proceed to extremities—to get at the very *bottom* of things. Can human credulity go further?

Astronomical.

Our friend, Dr. H., overheard a *nymph du pave* request a good-looking stranger to retire awhile and spend "a few moments with Venus." "I beg pardon," was the prompt reply. "The last time I spent a few moments with Venus I was obliged afterwards to spend six months with Mercury."

Reducing the Temperature.

At the late meeting of the Illinois State Medical Society we regretted to hear, after the triumphant demonstration by the phygmograph, that three fingers of Bourbon whiskey produced the same gyrations of the pulse wave and reduction of animal heat as three weeks of typhoid fever, several irreverent M.D.'s simultaneously exclaim: "It's awfully hot—let's go and *reduce the temperature*," which they did, literally, "in a horn."

Scintillations of Similia.

A prominent business man of this city, whose name will be given if the infinitesimals so desire, assured us, in private conversation a few days since, that he was formerly very subject to *bilious* attacks, for which the "Allopaths" always gave him blue pill or calomel. Now he was under homœopathic treatment, (Dr. H—r,) and all he was directed to do was to take a teaspoonful of concentrated essence of Jamaica ginger and three table-

spoonfuls of Bourbon whiskey at a dose. This cured him *every time.*

His little child had convulsions, and the same homœopath gave it full doses of calomel and rhubarb, with successful result.

Such cases are numberless, within our own observation. Meanwhile we are told—"Homœopathy is spreading and growing! *Vive la bagatelle!*

The Corner-Stone of Rush Medical College

Was laid with Masonic ceremonial, in due and ancient form. Particulars in next JOURNAL.

Bellevue Place.

We most cheerfully call attention to the notice in our advertising pages of this quiet and pleasant retreat for the unfortunate insane. From the testimonials we have seen, we feel confident in recommending Dr. Patterson as a gentleman of experience and ability in this department of therapeutics. In opening this retreat, Dr. P. will prove himself a benefactor to the public.

Hæmorrhoidal Affections.

A. J. Baxter, M.D., a well-known correspondent of this journal, proposes, hereafter, to devote particular attention to this specialty. Without committing the JOURNAL to the advocacy of "specialties" we are glad to acknowledge Dr. B.'s skill and success in cases of the kind. See his advertisement.

To Graduates of Rush Medical College.

EDITOR CHICAGO MEDICAL JOURNAL:—I would like to obtain, as far as possible, a complete list of the graduates of Rush Medical College and their locations, and would hereby request *all* graduates of it to forward me their address; and, as this may not reach all, those sending are requested to forward the names and residences of any others with which they may be acquainted. I hope this request may be promptly complied with.

It was proposed, when our new college was projected, that a grand alumni meeting should be held at the dedication, about the 1st of October next. How do you all feel about it? It would give the Faculty very great pleasure to see you all together, and have you participate in the grateful task of dedicating to medical science the beautiful temple now erecting.

Address R. L. REA,
119 Clark Street, Room 13, Chicago.

Receipts Acknowledged from:

Geo. F. Heideman, $2; Wm. M. Kaul, 2; T. J. Van Vorhis, 2; J. A. Pinson, 2; A. F. Henry, 2; Morgan & Beadles, 2; J. F. Bell, 2; T. A. Barton, 2; J. W. Brooks, 2; Rob't Steele, 2; B. Wilson, 2; F. A. Mundt, 2; B. K. Shurtleff, 2; W. Anderson, 2; R. L. Hill, 2; C. S. Tucker, 2; B. H. Labree, 1; L. G. Armstrong, 2; Wm. Ziepnecht, 2; T. G. Comstock, 2; S. S. Elder, 2; S. B. McGlumphy, 2; Chas. Kerr, 2; A. H. Scott, 1; G. A. Lamb, 4; H. R. W. Wells, 2; J. Crombie, 2; O. S. Walker, 2; R. H. Crowder, 2; H. B. Upton, 2; J. J. Sherman, 2; P. J. Hermon, 2; H. C. Hull, 1; H. C. Clapp, 2; B. B. Tucker, 2; J. V. Frazier 2; J. H. Newland, 5; L. DePuy, 2; W. H. Gifford, 2; R. Moore, 2; R. S. Kelso, 2; W. F. Watson, 2; E. B. Town, 2; P. B. McKay, 2; E. Smith, 2. W. S. Newton, 2; J. B. Hamilton, 2; W. Bates, 2; W. A. Morse, 2; C. J. Lewis, 2; J. J. Kackley, 2; A. B. Ireland, 2; L. L. Wakefield, 2; A. Catron, 2; C. E. Quire, 2; G. W. Schuchard, 2; C. Jud. Gill, 2; W. W. Weller, 2; C. E. Kuester, 2; J. L. Hoover, 2; Dr. Mergler, 2; E. W. Bogan, 2; J. M. Hagey, 2; H. A. Youmans, 2; A. G. McGrew, 2; John A. Ward, 2; F. M. Agnew, 2; W. D. Wheeler, 2; P. I. Mulcane, 2; L. L. Bennett, 2; A. A. Ames, 4; J. F. Spain, 2; R. S. Hallock, 2; S. S. Clayberg. 2; Amos P. Finch, 2; David Cook, 2; F. W. Hance, 2; F. P. Van Valkenburgh, 2; Thos. M. Sime, 2; P. C. McDonald, 2; O. Peak, 2.

Married.

At Galva, Ill., June 3d, 1867, by Rev. L. D. Gowen, Dr. T. Newton Booe, of Loda, Ill., and Miss Effie L. Burnette, of Galva.

At Jonesboro, Ill., April 23d, 1867, by Rev. E. B. Olmstead, of Caledonia, Geo. W. Schuchard, M.D., formerly of Golconda, Ill., to Miss Helen A. Dougherty, of this place.

April 17th, 1867, at the residence of the bride's father, in White Cloud, Iowa, by Rev. Dr. J. H. Wing, James L. Gandy, M.D. formerly Ass't.-Surg., U.S.A. and Miss Mary E. Ott. The former a son of Dr. O. Gandy of Ind., The latter a daughter of Hon. George Ott, of White Cloud, Iowa.

Mortality Report for the Month of May:—

CAUSES OF DEATH.

Abscess,	1	Epilepsy,	1
Accidents,	11	Erysipelas,	1
Apoplexy,	2	Fever, Typhoid,	5
Croup,	3	Fever, Lungs,	6
Cancer,	3	Fever, Scarlet,	5
Consumption,	32	Fever, Ship,	1
Cholera Morbus,	1	Fever, Typhus,	2
Convulsions,	39	Fever, Gall,	1
Canker Sore Mouth,	1	Fever, Nervous,	1
Congestive Chills,	2	Fever, Puerperal,	1
Congestion of Brain,	2	Fever, Congestive,	1
Congestion of Bowels,	2	Inflammation of Lungs,	10
Congestion of Lungs,	2	Inflammation of Brain,	1
Congestion,	1	Inflammation of Heart,	1
Childbirth,	1	Measles,	3
Colic,	1	Nephritis,	1
Diphtheria,	7	Old Age,	5
Drowned,	6	Phthisis,	2
Disease of Heart,	5	Poisoning,	1
Disease of Lungs,	3	Pneumonia,	1
Disease of Brain,	1	Small-Pox,	3
Disease of Liver,	1	Stillborn,	5
Debility,	3	Spasms,	2
Dropsy,	7	Suicide,	1
Diabetes,	2	Teething,	5
Dysentery,	2	Whooping-Cough,	11
Decline,	1	Unknown,	21
Delirium Tremens,	1		

Total, 241

Total number last year for the month of May, 275

Total number during the month of April, 278

Total number during the month of May, 241

Decrease, 37

DIVISIONS OF THE CITY.

North, 56 | South, 83 | West, 111 | Total, 240

Unknown, 1

Ages of the Deceased.—Under 5 years, 108; over 5 and under 10 years, 9; over 10 and under 20, 9; over 20 and under 28, 35; over 30 and under 40, 30; over 40 and under 50, 17; over 50 and under 60, 13; over 60 and under 70, 12; over 70 and under 80, 5; over 80 and under 90, 3; over 90 and under 100, 1; unknown, 6. Total, 241.

Chicago,	105	France,	1	Sweden,	6
Austria,	1	Germany,	25	Scotland,	2
United States,	40	Ireland,	40	Unknown,	2
Canada,	4	Isle of Man,	1		
England,	7	Norway,	4	Total,	241

(*Continued from page 288.*)

The disease may long remain in this condition; the granular ulceration may exist at the same time that there is decided stricture, as I have told you, and as you have opportunities of seeing for yourselves. So long as the endoscope shows the characteristic ulceration, we are apt to hope, in causing it to disappear, that the disease is cured. But it sometimes happens, that the consecutive lesions, already well rooted, continue after the cause has disappeared, and strictures, often, are only curable by dilatation. Thus, the affection consists in two elements: stricture, to be evercome by mechanical means; and ulceration, perceivable by means of the endoscope, which, if cured by proper means, will soon bring on, or reproduce, the retraction.

This may explain one fact, often observed, and of which I vainly sought an explanation, until the endoscope enabled me to follow the disease in all its phases.

I have seen recent strictures, not extensive, easily dilated. After a few days they disappeared, but, the treatment stopped, they soon reappeared, and as often as they were dilated, so often did they recur, upon the cessation of the dilatation. Uselessly, have I continued this treatment; I have kept a healthy calibre for months, but, once the dilatation stopped, the stricture would return. I have concluded that new strictures are more apt to recur than those of more ancient date; the cause of this I cannot explain. I held this opinion, in common with many others, equally ignorant as to the cause. At present, the explanation is easy, as you have already seen. The ulceration, which continues, reproduces the swelling. Its persistence, formed upon a plate of chronic eczema, may, by dilation, be soon removed, to come back, so long as the eczema is not cured.

When the thickened parts disappear simultaneously with the discharge, the cure is complete. You recollect the case of D., cured by a single cauterization, and remaining cured for eight years. Many other cases, similar, are present in my memory, and you will see them at each consultation. For a long time, the stricture was not attacked directly; the only treatment was applied to the granulations. When the alteration of the tissues

continues so long as to persist independently of the producing cause, such is not the case, and dilatation should be added to other treatment, In such cases, relapse is frequent; exceptions to this rule are rare, I know of but few. If the patients did not, as a general rule, disappear after treatment, such cases would be less rare.

We now reach the third period of the disease: the granulations disappear, as do those of the conjunctiva, when they have destroyed the structure of that membrane. Possibly, the obliteration of the vessels may play a great part in the case. But as the granular affection passes off, the stricture keeps up its onward march upon the retraction of the fibrous tissues extending to the mucous, the mechanism of which M. Guérin has well shown, the mucous and sub-mucous tissues take on a character cicatricial in its results. Before informing you as to the results of the endoscopic examination, I will relate to you the details of an autopsy which enabled me to study the disposition of this inodular tissue. The stricture never having been treated, the alterations found were evidently the result of the affection itself.

The patient entered my wards, in the Necker Hospital, with an affection of the foot, necessitating the amputation of a toe. During his sickness he told me that he had had a blennorrhagia which had never been treated, and the result of which was difficulty in emitting the urine. After curing the foot I found a stricture.

The patient died of purulent infection, and the autopsy showed metastastic abscess in the lungs, and also the following lesions in the urethra:—

The portion of the canal strictured is generally the bulbous, and the extent of the stricture is about half an inch in length (2 centimètres). In this portion, the color is of a whitish or slightly yellowish color, whilst the remainder of the urethra is very red, rough, and of the appearance generally seen in corpses. The diseased mucous is attached to the subjacent membrane, from which it is not easily detached, the layers of which are thicker than natural. Below the cavernous part,

the bulb presents a healthy and natural appearance. Microscopically examined, the mucous membrane shows an epithelial layer, formed by cells more irregular than the rest of the urethra. Below this epithelium, the mucous tissue affords fibres similar to those in a healthy state, but mixed with abundant elastic fibres, many cytoblasts, and granulations such as we find in the primary organization. The sub-mucous tissue is especially formed of bundles of fibres, in the intervals of which the cytoblasts and granulations are very abundant, many more than in the mucous; there are also many elastic fibres and fibro-cellular cells in different stages of granulation.

This confirms the general opinion as to the inodular character of stricture of long standing, where caustic had not been used; no traumatic cause was present, and yet the elements of cicatrization and the fibro-elastic element were both more abundant than in the normal state.

The identity existing between this formation and that of the cytoplastic tissue, readily explains how strictures of long standing, and organized, may rebel at dilatation, be retractile, and present the same appearance of elasticity as do cicatrices. Really, the structure is the same, and, paradoxical as it may seem, the stricture is, at its last period, less a disease than the effects of anterior treatment for a disease; so the inodular filaments, no matter the trouble caused, are only the result of a wound.

Similarly endowed inodular strictures resist dilatation, only obtainable by much time and much fatigue to the patient. This is not, however, the greatest inconvenience. The urethra once brought back to its original size, once the treatment stopped, the retraction reappears and the stricture returns. In severe cases, a few days may produce that which weeks or months will not replace. There is no reason to hope, in such cases, for a durable cure, by prolonging the use of dilating instruments, for in such cases, as in the sequences of burns, the cicatrices object to extension. In extreme cases, the patients may not be cured, but a bougie may be passed now and then. They must be placed upon a continuous treatment, not to be inter-

rupted without being forced to recommence the dilatation. A similar case is scarcely bearable, in addition, once the malady has taken its course, urethral inflammation, or vesical, urethral fever, or other accidents will aggravate it and render it more difficult to treat.

These are the reasons causing us to admit the principle of incision in the third degree of stricture. It is well known that the resulting cicatrix is thinner than cut tissue, it does not reproduce the stricture, and enables the patient to introduce the bougie at long intervals.

From what we have said, it results that there are three different kinds of stricture, to be met by different treatments. In the acute inflammatory, cure the blennorrhagia; in the chronic inflammatory, it must be, for a long time, against granulation, but later, dilatation comes into play; in the inodular, it is necessary to attack the fibroid tissue and, consequently, fall upon an appropriate treatment.

These indications admitted, the endoscope enables us to see, at once, the character of the stricture.

FOURTH LECTURE.

Inodular Stricture.—Urethral Fistulas.

GENTLEMEN:—Before touching upon the treatment of inodular stricture, it is necessary to acquaint you with the means of exploration which can furnish the indications for the therapeutics demanded in their treatment.

The means of exploration usually employed, furnish a certain number of useful signs, both for diagnosis and for treatment. We must expect the same from the endoscope; it does not double other means, as I have already told you, it only adds to their efficiency, in enabling us to complete the study of the disease. Other instruments furnish all the knowledge that is attainable by mediate touch (*toucher*), the endoscope adds to them that knowledge derivable from sight.

The sound, ordinarily, reveals the existence of a stricture and its seat; even if it passes one stricture, it can tell us if there are others beyond it. Simple bougies, bougies with bullet

ends, and other similar and analogous instruments, may acquaint us with the degree of retraction of the strictured point. The ball-pointed instruments enable us, moreover, to determine the number and extent of the strictures.

The bougie and the curved stylet will also, sometimes, enable us to judge upon which side of the coarctation the opening may be found, this by the direction it may be necessary to give the instrument for the purpose of meeting it. Also, the consistency of the fibroid tissue may be appreciated by the more or less difficulty experienced in passing a conical bougie, the point of which has entered into the channel still left in the stricture; its elasticity, by the resistance experienced on endeavoring to reintroduce it, after having once withdrawn it; its retractility, by the rapidity with which it loses its acquired diameter, when dilatation has been suspended.

Such are about the opinions drawn from the means generally employed. It is, I think, useless to add to them the results of explorations made with bougies for impression (à empreintes). It is useless to repeat here, all that has been said of the fallacies they are guilty of; the little use made of them at present is sufficient evidence of their uselessness.

To resume, the different means employed by the surgery of the present time enable us to appreciate:—1st, the existence and seat of the stricture; 2d, their number; 3d, their extent; 4th, their calibre; 5th, their elasticity; 6th, their retractility; 7th, their consistency.

To these, the endoscope enables us to add coloration and the configuration of the surface anterior to the coarctation, and, also, the exact position of the orifice. It also affords us the means to decide at once if it is inodular, and also to positively say what should be the treatment.

We have seen that at the intermediary stage, the mucous membrane loses its red color; and also its ulcerous appearance, at the same time the stricture is being organized; it can also retake its normal appearance.

This condition, which has terminated with the second period, changes at the commencement of the third. With length of

time, the infiltrated lymph continues to organize; the tissues increase their inodular appearance, and, when examined by the endoscope, instead of the rosy color of the healthy urethral mucous, or of the red color presented at the commencement of this stage, when irritated by the introduction of instruments, the retracted point shows a paler hue than natural, and one which becomes yellowish or greyish, often dull, sometimes mother of pearl (*nacre*), and simulating the cicatrices that are the sequences of burns, and such as the pathological anatomy of stricture enables us to describe.

The configurations presented at the end of the endoscope by inodular stricture, vary much, as do all other pathological cases in the case of disparritees, still we can form them into almost three principal classes.

Some commence funnel-shaped, in which the most retracted point is at the lower extremity of the coarctation. Unfortunately, this is rare in hard or in ancient strictures, because it facilitates the introduction of the instrument. Another form, already recognized in the preceding stage, and often occurring in this, is the mamellonated. In this we find, at the end of the sound, mamelons formed of indurated tissue, readily discovered by the resistance offered to the introduction of the instrument, with difficulty bent upon their surface. It may happen that the mamelon is unique, circumscribed by a groove and tongue, causing the introduction of the sound to be difficult, the opening being hard of access, generally found in the middle, and opposite the salient point of the mamelon, but sometimes to its side. Generally, the orifice is where it appears most large and most deep.

If there are several mamelons, their summits verge towards the centre, and it is towards their convergence that the opening is found. Sometimes, these mamelons are so irregularly disposed that the orifice is hidden from all researches made with the stylet. In such, the bougie is often difficult to introduce, because it does not find the funnel-shaped orifice which will direct it.

Sometimes, between the affected points, there are parts more

or less healthy and vascular, showing more or less red or inflamed tissue.

Finally, I may say, that in a last form of this disease most rebellious to catheterism, by the ordinary modes of treatment, the sound showed an obstacle like a diaphragm, the surface of which showed plates unequal, anfractuese, with many small anfractuosities and some greater ones; the eye could not discern all, and especially those which corresponded to the entrance through the stricture. To recognize it, we must examine these depressions mechanically, until we find one softened. But when the stricture is hard, the stylet does not free it readily, even after several efforts, though it may have entered the retracted canal.

There is a variety of this form which I have rarely seen, and always in old and hard strictures. In this, the orifice, be it situated in the centre or other parts found at the point of the sound, is gaping, and simulates a small rounded opening, into which one could easily introduce the end of the stylet. But, though the stylet or the whalebone bougie might be readily introduced, it is often very difficult to pass through the contraction, and especially to dilate it; in those cases the tissue is very resistant.

In addition to the color and configuration of the obstacle, the sound pushes them before it, instead of repressing, as in cases of healthy or simply inflamed mucous membrane. This sign is especially useful in those cases where the transformation, commencing in the exterior tissues, has not yet reached the mucous surface, still red or ulcerated, and thus we may think the evil less advanced than it really is. But, in such case, touch, by aid of the sound, exposes to us, under the red surface, an indurated and resisting base; it is thus evident that the inodular tissue has formed, though not yet come to the surface.

It has been stated that sudden strictures are caused traumatically, and are thus distinguished from those caused by blennorrhagia, of which the anterior portion is funnel-shaped; but the endoscope shows us that these last often come on suddenly, and the first may be gradual.

Whatever may be the appearance of the coarctation, it does not change on the withdrawal of the sound, because the tissue has not lost its suppleness and cannot pleat and close over the end of the instrument. On withdrawing the canula, the healthy parts close over its end, like a curtain, but the indurated parts remain unchanged in appearance.

You see, gentlemen, the facility and precision the endoscope brings to the diagnosis of inodular stricture. Without this instrument, we could only admit them, except in traumatic cases, by reason of the continuance of the malady, or of the difficulty of dilatation and the rapidity of the return of the stricture, but the duration furnishes only deceptive probabilities, for if strictures caused by blennorrhagia are sometimes fibrous after a few months, you may remember that in the case of D., spoken of in a former lecture, he, after a continuance of the affection for eleven years, had only a chronic inflammatory coarctation, which disappeared with the granulations; and, in another case which I have reported, the disease yielded rapidly to dilatation and a treatment of the ulceration still existing. Then there only remains, as a sign, unsuccessful dilatation, and so we can only after unsuccessful treatment and lost time recognize the lesion. By aid of the endoscope, on the contrary, we can immediately tell the differences; whenever there is found at the end of the instrument, an inflamed or ulcerated instead of a healthy membrane, a white surface, mamellonated, anfractuous, or of fibroid appearance, it is certain an inodular stricture is present, and the therapeutical indications are immediately understood.

We will now take up the treatment of the coarctations, and of the indications to be met. They consist in two principal ones:—1st. Pass through the stricture; 2d. Destroy the obstacle.

1st.—Traverse the Stricture.

This is often easily done; it is only necessary to introduce a sound or bougie, sufficiently fine to pass through the obstacle. If the opening is not readily found, the bougie is to be drawn

back and again gently readvanced, with these precautions it generally occurs that the point of the instrument will, at some moment, gain the opening, then, gently pressing it onward, it reaches the bladder. I shall delay no longer on this point, which is not exactly allied to the subject at present under consideration. Success almost always attends it, but there are cases where patience and hability, no matter how great, fail to discover the opening, the point of the bougie will butt against the surface precedingly described, and, do what we may, it will always stop there. After continued efforts, the attempt is deferred to another day, when the insuccess is the same; even days and weeks may pass in futile attempts and in failure. Many means have been recommended for such cases: whalebone bougies, bougies very fine, introduced side by side, so as to cover the whole obstacle with points, one of which might be lucky enough to pass, the sound open at both ends (à deux bou) passed up to the retraction, to serve as a conductor of a fine bougie. I have tried all of these means, they sometimes succeeded, but I prefer a conical bougie, twisted at its point; but I must add that, in some of these cases, none of these treatments are successful. It is doubtless rare that, with time and patience, success does not follow; but patience has its bounds, and we will soon come to cases where it has been necessary to relinquish futile attempts at cure.

These fruitless attempts cannot be long continued without danger, and especially so when the urine does not flow at all, or only by driblets; the distended bladder threatens rupture, the patient experiences intense anxiety, the urinary infection manifests itself; or if less severe, the distension less prolonged, it may at least cause inertia or paralysis of the organ again, the superior portion of the urethra becomes fatigued, inflames, softens, urinary abscesses form, which, after many dangers, result in urinary fistulas. In such cases, not very common, temporization and continuous treatment will not answer. It is necessary to act, and to act quickly. What shall we do? Surgery has but one resource, the puncture of the bladder, because forced catheterism is properly rejected for all cases of this kind

on account of the bad effects it causes. The puncture of the bladder is made but, say what you may, experience teaches that it is not without danger. Its effects are, moreover, only temporary, they do not reach the cause, which still continues, and if the coarctation remains, the danger is from one day to another. This was the case with the patient whose history I will give you:

For several years he had a stricture, which followed the usual march, increased more or less rapidly, and finally caused complete stoppage of the urine. The patient placed himself in the hospital, under the care of one of the most able of our masters. At the time of entrance, the bladder reached as high up as the umbilicus, the danger was great, the fever violent, and pain and tumefaction had already reached the perineum.

All attempts at catheterism were fruitless, and the incision of the swollen perineum bringing off but little water, hypogastric puncture of the bladder was resorted to. This produced ease, but the stricture was not relieved; it so happened, however, that the urine passed, slightly by the urethra, and much by the punctured fistula, the puncture in the hypogastrium having healed, the patient went about his business. Soon, however, the urine ceased to pass through the canal, and the fistula becoming more contracted, the bladder could not empty itself, and so the patient entered Cochin Hospital, of which I was then the surgeon. This was in 1861, when I was experimenting with the endoscope, but had never yet used it for the purpose of passing strictures. The fistula, though not permitting sufficient urine to pass, was still sufficient to postpone danger, and for several days I tried to introduce the smallest conical bougies. In this I was neither more expert nor more fortunate than my former teacher. I then decided to try the endoscope; by its aid, I perceived the obstacle and an opening into which a stylet could be passed, then I had not thought of the whalebone bougie (this patient caused me to imagine it). I withdrew the instrument, and, after several efforts, a fine bougie (filiform) traversed the stricture, previously passed by a sound. This was much, but for a long time I was compelled to employ the endoscope as a preparation for the bougie. At length the dila-

tation went on regularly; but when bougies of a low number readily passed, the patient pressed by his vocation, and satisfied with his then condition, wished to leave the hospital.

The following year, 1862, he found me in the Necker Hospital. The same fistula existed, and the incompletely dilated stricture had returned. I had uselessly wasted time in catheterism without the endoscopic aid, but now I concluded to combine the two. I employed endoscopic urethrotomy, and the obstacle was removed in less time than we had previously spent in vain attempts. We will return to the subject of urethrotomy, but I will state that in this case, in absence of the endoscope, I would have been compelled to puncture the bladder, as had been done before, or else to an incision (boutonnière), that is to say, to urethrotomy without a conductor, the difficulties and dangers of which I will not now recall.

This case will enable you to appreciate the utility of the endoscope as a means of passing difficult strictures. Now for the manner of its use as I employ it:—

The endoscopic sound is passed forward to the obstacle, and, the instrument being arranged, we can perceive the condition that I have described, and, frequently, the orifice in the retracted part. In this examination, care must be taken to keep the sound in the direction leading to the affected part, so that its anterior face coincides, through its whole extent, with the end of the instrument. As the examination is almost impossible if the instrument is vertical, it is necessary to place the patient in such position that the axis of the diseased part nearly assumes the horizontal line. To act upon the membranous portion, dorsal decubitus is preferable; but for the bulb, and especially its anterior part, it is best to raise the patient to almost a sitting posture. When the diseased surface is thus brought fully before the end of the sound, the orifice is almost always in the field of the instrument, but it sometimes hides itself under the edges of the wounds; then the direction must be changed to discover it. Frequently, in like cases, I have found it towards the lower portion of the canal, and the indurations existing upon the superior portion.

The orifice once found, a stylet must be introduced, to make sure that we are right, and also for the purpose of traversing the retracted part. This is easier done with a metallic instrument than with the whalebone bougie, which is not so conveniently managed. The stylet usually employed is shaped like the ordinary probe, mounted upon an elbow-shaped handle (manch coudé) of the forceps character (en form de palette), by which it is held at the exterior of the sound; it is well to have at least two of different sizes.

The patient being then placed in the proper position, and the penis held by an assistant, who at the same time may steady the sound in the axis of the canal and firmly hold the parts, the stylet is then introduced through the lateral opening in the sound, and we try to make it enter into the orifice of the coarctation. I have already said that, if the snrface of the obstacle is irregular, with several depressions, try each until one is found that the probe will enter. Sometimes, the first attempt is successful, and the instrument is only arrested on the farther side by a mucous pleat; but sometimes it stops after a short entrance, in the sinuosities of the stricture, which rarely furnishes a uniform calibre. In such cases, the stylet may be carried in different directions, and we may even move the sound so as to permit the passage of the probe. Once the obstacle passed, it can be dilated by changing the stylet for a bougie, which can remain *in situ*. We can, as I have just said, withdraw the endoscope, and try to introduce an elastic bougie; this is, however, an uncertain process, and it is best, whilst the endoscope is in place, to take advantage of it for the purpose of well placing the bougie.

For this, a whalebone bougie must be used, soft ones cannot be properly directed. I have sometimes used bougies of catgut, but they are worse than whalebone. These should be elbowed like the probe, so that they may be kept at the sides of the sound. We then substitute the whalebone bougie which we cause to follow the same way. Like the first, it sometimes stops after passing the stricture, because it catches in the curvature of the urethra. Without effort to go farther, the endo-

scope is to be withdrawn, leaving the probe in its place. To do this, press it gently whilst the instrument is retracted. Once isolated, it can be made to enter the bladder; but, in difficult cases, where success is not immediate, fix it in its position, and, after a few hours, it rarely happens that the attempt does not succeed. I will not rest on the subject of dilatation, only saying, the first bougie must give way to a larger, patience and dexterity are alone necessary. To demonstrate to you the advantages of the endoscope, and especially where ordinary means fail, I will recount a case of M. Civiale, with his given permission;—

Traumatic Stricture.—Futile Attempts at Catheterism.—The Introduction of a Bougie by means of the Endoscope.

M., (Paul,) aged 36, a cook, and a patient in the Necker Hospital. The patient is healthy, has never been very sick. When about 28, he contracted a blennorrhagia, which was well cared for and cured.

About five years since, he slipped on the stairway and wounded the perineum; a physician, called at the time of the accident to stop the abundant bleeding, tried, fruitlessly, to pass a catheter; an able surgeon, later called upon, was not more successful. The hemorrhage ceased of itself, the patient easily urinated, the jet was notably diminished, but the patient did not complain.

Some months afterwards, the diminution of the jet became great, and soon the urine was discharged only by drops; later on the discharge was involuntary, and this condition continued for about four years. As a consequence of excessive work, total retention came on, and it lasted two days.

The patient then decided to enter the hospital in which the surgeon who had ineffectually attempted to sound him was on service. A stricture of four months standing, under the pubic arch is found; it cannot be traversed. Urethrotomy is practiced; the operation lasts twenty minutes; the opening into the canal cannot be found; the wound is soon cicatrized.

Shortly after his exit from the hospital, as a consequence of

drink, it returned, with fever, retention, loss of mind, and delirium. Catheterism was again vainly essayed.

Three days after, Dec. 22d, 1862, the patient came to the Necker Hospital, with slight fever, sleepiness, and small appetite; the urine passed only by drops, and when he was up the passage was involuntary. M. Civiale tried for twenty-eight days, without success, to produce a cure. Bougies of all kinds and of all sizes, wax, whalebone, caoutchouc, and metallic, all in vain. These bougies and sounds could never strike the opening. No accident occurred and not much pain was felt.

8th Jan. I, with the help of the endoscope, tried to find the opening in the stricture; a medium-sized canula was readily introduced to the retracted point; the membrane was white and shining, cushion-shaped (*bourrelet*); many depressions were also seen, which I tried to pass with the probe and with bougies of whalebone; the attempt was futile, the pain great, and further examination postponed.

On the *11th Jan.*, I found an orifice, into which I introduced the stylet, to the extent of about one-third of an inch; the whalebone bougie was left *in situ*. On the morrow there were some symptoms of fever, which disappeared the next day; there were also vague pains in the region of the right kidney.

On the *13th Jan.*, the stylet was again introduced and penetrated farther; a whalebone bougie was left in its place; in the evening it became deranged, and the nurse, in attempting to bring it right, passed it into the bladder, without difficulty or pain.

The bougie was fixed and kept so until the *19th of January*, when, during the night, slight fever and difficult urination caused the patient to withdraw the bougie, which was the next day replaced by a small sound. The patient experienced no inconvenience from the presence of the sound; the urine passed between the sound and the canal.

On the *29th Jan.*, the sound was withdrawn and a larger one inserted.

All efforts were made by those whose ability none could doubt, and unsuccessfully. Then, M. Civiale asked me to try

the endoscope, thinking, with me, that if it failed, there only remained urethrotomy to be resorted to, and you all know the result of that operation. I found the orifice, and proposed to to incise upon the stricture, but M. Civiale preferred the means he generally employed.

I will no longer press upon you attention the advantage of the endoscope in such cases; you must have seized them before now. But there are other cases, where this instrument has enabled me to avoid opening the bladder either by puncture or by the knife.

The obstacle once overcome, dilatation by bougies may well be employed, and I have long used this method. At first sight it seems the least dangerous treatment, if used gently and patiently, but a more careful investigation will cause another opinion. In inodular strictures, the dilatation often requires time; at the commencement, especially, it may be necessary to pass the same bougie several times without changing it for a larger one. Moreover, the treatment may bring on an attack of fever; some patients are subject to it after the most easy catheterism. The sulphate of quinine, given at each introduction, will, necessarily prevent this. But if this course has to be persevered in, the treatment will not do. In other cases, urethritis, cystitis, and nephritis are a consequence; and when resumed after several days, we find we have lost part of what we had gained, the tissue has again retracted, and we are lucky if we do not find the parts in the same condition in which we commenced the treatment. Well, suppose these accidents do not occur, or, after having passed them, is the patient nearer a cure? No! Many of our patients have been cured several times. Really, these retractions are, as I have told you, inodular in form and analogous to a cicatrix, and, when once dilated, they return as do the contractions occurring after a burn. The following observation will show this:—

Coarctation of the Bulbo-Membranous Portion of the Urethra.—Dilatation.—Rapid Relapse.—Urethrotomy.—Cure.

B., (Louis Joseph,) aged 60, potter by trade, was in the

Necker Hospital. He was pale, thin, with soft flesh; had been a soldier in Africa; had had tertian fever; also, at 36, clap, treated and cured, at the end of six weeks, by injections of sulphate of zinc. No new case was contracted, according to his account, since then. From time to time, he did drink too much, but otherwise his life was regular. Some five or six years since, he was retaken with his tertian, at Paris, and entered this hospital. He was treated with the shower bath.

About twelve or fifteen months ago, he first observed a difficulty in his micturation; he could not long retain his urine, and, whenever pressed, was forced to evacuate it at once. Gradually the jet became finer, of less force, and, notwithstanding his efforts, it was difficult to completely empty the bladder, even after long, continuous attempts. These symptoms were most marked after his meals and especially so if he had taken too much wine. He, fearing catheterism, never was willing to subject himself to treatment.

On the morning of the 29th November, upon waking up, he could not pass one drop of urine, and could not attribute this misfortune to any cause. He remained in bed, with slight and repeated chills, nausea, great thirst, pain in the gland, the perineum, and great tenderness in the belly. Thus he passed the day at home, hoping that he would soon be well, but the symptoms increased in violence and about midnight he concluded to ask hospital aid. The assistant on duty tried to introduce a metallic sound, which was stopped in the perineal region. A considerable hemorrhage occurred, the patient returned to his home, and the next morning came to the consultation.

30th November. The patient was much frightened and suffering, there was also great pain caused by the pressing desire to make water; the least movement caused a revival of the intense pains, his face was contracted and anxious, his mouth dry, his belly tender and swollen from the effects of the distended bladder, which reached the umbilicus. The testicles were retracted towards the inguinal ring, in half erection, slightly turned upon themselves; the pulse was accelerated; the respiration irregular and rude. I introduced a conical bougie No. 4, which, after

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Original Contributions.

SELECTIONS FROM SURGICAL NOTES.

BY MOSES GUNN, M.D., Prof. Surgery, Rush Medical College.

I select the following two cases of vesical calculus, the first because of the resemblance of the symptoms to neuralgia, and the robust condition of the patient; the second from the fact that a somewhat novel accident complicated the operation.

L. K., a robust German, about 48 years of age, a butcher by occupation, desired my opinion of his case, in consultation with his physician, on the 22d of October, 1865. His height was was about 5 ft. 10 in., weight 240 lbs., complexion florid. He was subject to paroxysms of most excruciating pain referred to penis and scrotum, but more particularly to the glans penis. These paroxysms, which endured from two days to a week, more or less continuously, were greatly aggravated, not only by the act of urination, but also upon the slightest touch upon the genitals; even pointing the finger to the organs would not unfrequently produce painful suffering. At first the general condition of the patient and the character of the pain had led to a diagnosis of neuralgia, and medication had been directed thereto. But as no relief had been obtained after several weeks trial of this class of remedies, suspicions of the presence

of a calculus were aroused; a consultation was held, and an unsuccessful attempt to introduce a sound was made. At this stage of the case I was summoned, and so strongly did its physiognomy resemble neuralgia that I had little expectation of finding a stone. I, however, put the patient under the influence of chloroform, and introduced the sound, which soon came in contact with a dense body, giving a very audible click. The lateral operation was made, and presented nothing peculiar except the depth of the perinæral incision rendered necessary by the amount of fat deposited. The calculus was of the uric variety. A good recovery followed.

J. C., aged 51, presented himself at the College Clinic on the 19th of March of the present year. He was greatly emaciated, and experienced all the subjective symptoms of vesical calculus. He had first felt them twenty-seven years previously. On exploration a stricture was discovered, which prevented the introduction of anything larger than a No. 1 sound, by which a large calculus was found in the bladder, and one or more smaller, in the urethra posterior to the stricture. After due preparation of the patient, he was anæthetized, a No. 2 staff introduced, and the operation commenced. After the incision had been made upon the staff, and while the assistant in charge of it attempted to depress it to facilitate opening the urethra, the instrument broke completely off at the commencement of the groove, and I felt the detached portion recede from my touch into the bladder! As I had only with difficulty succeeded in introducing a No. 2 staff, I immediately anticipated the necessity of cutting my way into the bladder on a No. 1 sound. But before doing so I essayed the introduction of a No. 4 staff, and by the use of more force than I should have felt warranted in exercising under less urgent circumstances, I succeeded in the attempt. The incision was completed, and, first, the fragment of the staff was removed; then a large calculus, and two smaller. The large one was an ammonio-magnesian phosphate. The patient made a good recovery.

CONTAGION OF CHOLERA.

By R. L. Rea, M.D., Chicago.

Theories are only absolutely perfect when they account for all the facts with which they are connected, and are valuable in proportion to their approach to this standard.

First, having a given number of facts, we form our theory, and all additional facts must agree with the theory thus formed.

Cholera has, seemingly, coquetted with the most assiduous researches of the wisest medical philosophers. Whether we consider its cause, nature, origin, or contagiousness, the result is the same; they have been mocked by the echoes of their own eurekas. The heavens above, earth beneath, and the waters under it have been ransacked, and each in turn furnished a cause. Vegetable, animal, mineral, and aerial have borne their share of attributed influence. Each theory lasted long enough in the mind of its discoverer to assure him of its correctness, when a rough blast of facts demolished his beautiful fabric as easily as the north wind does the gossamer. If ever a disease was invented to take the conceit out of a man, that disease must have been cholera. Deny it if we will, the subject of cholera is involved in great obscurity in all its essential points. Its cause, nature, contagiousness, and treatment are matters of great uncertainty.

How opposite the class of persons affected. Two of the most temperate cases I was called to treat last year, I lost. Two of the most intemperate, irregular in habits and life, I saved. Every one's experience will show the same occasional result. As to localities affected by it, the village of Oxford, Ohio, 30 miles from Cincinnati, in one of the healthiest localities in the State, rolling, good water, and very good hygienic influence prevailing, in the last epidemic of cholera there died forty (40) out of a population of one thousand (1000), or 4 per cent.

Its treatment need simply be alluded to, from the most s entific to the most absurd, followed by success or failure wit. equal uncertainty, if you listen to the reports of those in whose hands cases fall. Do you believe that there were one hundred

and two (102) cases of genuine cholera—consecutive cases—treated, without the loss of a single case? No more than I believe the reports of the homœopathic fraternity in Cincinnati, in the epidemic above alluded to, in which they reported, treated by themselves, 1400 cases—saved 1395!

The causes of these discrepancies are threefold:—1st. Want of knowledge. 2d. Faulty observation. 3d. Dishonesty. The first two are pardonable; the latter not. A man may not have all the knowledge he should, or draw wrong inferences from careless observation, or want of judgement; but he has no right to misrepresent.

My object, in the present brief article, is to present some suggestions, intended to harmonize some of the discrepancies regarding the contagiousness of cholera. We know how easy it is to prove by facts, either that cholera is or is not contagious. How a case brought into a neighborhood lights the fires of its ravages; and another brought in the same way is harmless as sunshine. How the devoted nurse is the victim of his own benevolence; and how another, going from house to house, in the midst of its most terrific forms, is a Daniel in the lion's den.

One fact, with reference to this disease, seems tolerably well settled, and that is, that whatever the exact nature of the predisposing cause, it spreads over the country, and whatever power we may have to prevent its localizing itself, by cleanliness and hygienic measures, the prime cause of cholera, or the epidemic influence if you please, is uncontrollable, that is, starts and spreads over the country, from one point to another, independent of hygienic influences, and exercises its power on the inhabitants of those regions over which it spreads; but when it does appear in any given locality, it is, in a measure at least, under the influence of prevalent circumstances, as air, water, cleanliness, and such as affect all diseases.

Poisons, as a class, are received into the blood, before exercising their toxic influence. Whether they will produce their poisonous influence, depends upon the power of the eliminating organs. If the poison is received in such quantities that they

can throw it from the system as fast as received, no deleterious effects ensue; but when the poison is received so fast, or from any cause the excernent muscles are crippled so as to perform their functions imperfectly, the system suffers. Familiar examples of this are arsenic and opium. I believe this to be true, whether the poison enters through the stomach or lungs, and, furthermore, that in the fact before given, we have the explanation of many curious and difficult problems. Two persons exposed to the same influence with different results. My hospital colleague and myself visited the small-pex hospital in Cincinnati, were together the entire time during the visit, exposed to the same influences as far as possible; he came home and had varioloid; I escaped. We both received the poison into our systems—mine threw it off, his did not, with results as stated.

The familiar facts connected with dissecting wounds, is still further to the point. Dissecting wounds are very uncertain in their results; a very few cases result in poisoning the person inoculated. Some classes of subjects are especially virulent, but none are exempt from it, and there is little probability that of all the subjects received into the dissecting rooms, and the almost invariable injury to some connected with each class, that the infinitely small amount of poisoning can result from all those capable of infecting, in other words, that so little poisoning should come from so many exposures.

I have been, directly or indirectly, connected with dissecting rooms for eleven years; I was never harmed by the cadaver. Attending the wounded after the battle of Shiloh, I used my finger for a probe in the large holes made by the minie balls, and remember using my finger, which had the skin considerably broken, on an erysipelatous case, with not the slightest ill effect. Within two months after this, while operating on an arm, I pricked my finger, with a dissecting wound as the result—the patient dying with phlegmonous erysipelas, while I was suffering from the wound I had given myself. It seems hardly probable that this was the first time I was ever inoculated with poisonous virus, and still more so, when we consider the fact now alleged, that poison once on a broken surface is irretrievably in the system.

I do not think the condition of the system necessary to produce poisoning after its reception necessarily produces any feelings of conscious derangement in the individual, or that the eliminating organs are necessarily defective; but that the poison so received, as in my own case, may be overwhelming in quantity or virulence.

I think this theory of the influence of the poisons on the system *applied* will account for many things otherwise difficult to explain. Take the case of persons living constantly in the atmosphere of slaughter-houses, glue-factories, etc., and we wonder why they enjoy the perfect health they do. Their eliminating organs develop in power and function, if not in size, by use, and their constant labor to keep their decks clear, strengthens them in their arduous work.

In the case of children raised in squalor, filth, and effluvia, Chambers would say, dirt on their bodies keeps them warm, and so gives them additional vitality. But I think a better explanation would be, development of function by use.

Vaccination is supposed to exert some influence on the blood, by which the system is defended against visitations of small-pox. Would n't it be easier to account for it by attributing its influence by the power excited in the scavengers of the body, whereby they are enabled to do more effective duty, in ridding the system of variolous poison; and when overcome at all, are able to eliminate so much as to leave a very mild type of the original disease, the effect of the thoroughness of original medication. This theory, which I think will explain the facts concerning the contagiousness of cholera, is, that the epidemic influence spreads over a section of country—say Chicago. All breathe it. A given number, from the efficient power of the depurating organs, throw it off as fast as received into the system; others do not, and suffer from the disease. Those exposed may develop the disease by imprudence, when they would otherwise escape, adding the last hair to the camel's back by suddenly checking perspiration, or by indigestible food, or depressing excesses. This will hold true, not only of cholera, but to all diseases classed as contagious—measles, scarla-

tina, whooping-cough, etc. How irregular the contagion of such diseases is!

It is to this active, unceasing agency, resisting by its depurating power, that we are indebted for defence from disease *without*, as well as by generative poison *within*, the system.

ENLARGEMENT OF THE COLON.

By Wm. Lewitt, M.D., Demonstrator of Anatomy in Rush Medical College.

In September, 1864, I was called upon, in company with Dr. E. Wells, of Ann Arbor, Mich., to visit Wm. C., *æt.* 21, to relieve him of what was called constipation. He had not had an evacuation of the bowels for three weeks, during which time he was in the hands of a *spiritual doctor*, who said he was suffering from *windy dropsy*.

On visiting the patient, we found him suffering intense agony from pain in the abdomen, with frequent desire to expel flatus from the rectum, which could only be accomplished by standing upon his head and hands, in a perpendicular position.

On examining the patient, we found the abdomen enormously distended, and so tense that it was impossible to feel the outlines of any of the abdominal organs. We learned from him that he once suffered from a similar attack, when about 12 years of age, which continued for about two weeks, without any evacuation of the bowels, and had ever since then been suffering from torpor of the bowels, only having an evacuation once in eight or ten days.

Upon an examination per anum, we found what appeared to be an enormous tumor, filling up the entire pelvic cavity, and having all the appearance of a child's head at term; in fact, it bore a closer resemblance to that than anything else. The rectum appeared to be normal.

He having taken large quantities of powerful cathartics, it was not deemed advisable to repeat them, and copious enemas,

containing ol. terebinth., were ordered, but, in attempting to use them, they could not be thrown up higher than the rectum, and would flow immediately back. It was then thought advisable to try what could be done with the aid of the long rectum tube. This could not be carried farther up than the upper portion of the rectum, when it would fold upon itself, showing that there was some obstruction at the upper end of the rectum or sigmoid flexure of the colon.

Laxatives were used, containing large quantities of fel. bov. and ol. terebinth., but with no effect, with the exception of, occasionally, an expulsion of small quantities of flatus from the rectum, and then only by resorting to the position mentioned above. He continued in this condition for about a week after I saw him, when he was suddenly seized with excruciating pain in the abdomen, and in a few hours expired.

A *post mortem* examination, made about six hours after death, revealed the following condition:—The peritoneal cavity was enormously distended with gas, and a large quantity of fæcal matter, of a battery consistence, was extravasated into it, showing that perforation had taken place, and was the immediate cause of death. Perforation had taken place at several points in the colon. The ascending and descending colon (for there was no transverse) appeared like two immense cylinders, lying side by side, and extending from the epigastrium to the pelvis, and filled with soft fæcal matter, and each was about 5½ inches in diameter. The caput coli was not much enlarged; the transverse colon was entirely obliterated; and the two cylinders of the ascending and descending colon were folded upon themselves, filling up the entire surface of the abdominal cavity, The sigmoid flexure was about the same diameter, and what was supposed to be the tumor filling up the pelvic cavity, was the sigmoid flexure enormously distended with fæcal matter and folded down upon itself, giving it the firm and rounded shape of a pelvic tumor that was supposed to exist, and pressed so firmly upon the upper portion of the rectum as to prevent all passage of fæcal matter into it. The colon was very much thickened and completely filled with fæcal matter of a battery

consistence, containing over a large wooden pail full, besides what had extravasated through the perforations into the peritoneal cavity.

The reason for his adopting that peculiar and unnatural position to enable him to expel the flatus from his bowels was, that by that position the weight of the distended sigmoid flexure was taken off the upper portion of the rectum and allowed a small quantity of flatus to escape, which afforded him some relief.

RABIES.

By R. P. Hunt, M.D., Chicago.

Rabies is generally understood as hydrophobia, or the cause which conduces to it. Is there such a disease as hydrophobia? There evidently is. Is not the disease less common than is generally supposed? Is there not a ruthless war unnecessarily waged against the dog, man's fastest, firmest, and most steadfast friend? How many cases of hydrophobia are correctly, authentically reported? Is it not a well-known fact, that the wolf and wild dog generally jump at those portions of the body unprotected by clothing? The domestic dog snaps at the easiest and nearest place, necessarily, through the clothing, and often through the boot, thus wiping off the poisonous saliva, and inserting a clean, unpoisoned fang.

Now, there is a popular theory that dogs suffering from hydrophobia, generally so called, fear water. This may be true, I do not gainsay it; but still, cases are reported, and that on high authority, that dogs pursued and persecuted, under the supposition that they were hydrophobic, have been known to spring into and swim large streams. Watson says, that the fear of water, and the difficulty of imbibing it, is not only a gross error, but one perfectly opposed to fact; not only does thirst exist, according to this author, but it is unquenchable. Mr. Youatt, who, possibly, has more reputation in the veteri-

nary line than any other man, especially in the English language, says, that "all other quadrupeds, with the exception of the horse, drink with increased avidity." The great John Hunter, who is well known to every tyro in the profession as one of, if not the only, certainly the greatest father of modern surgery, according to Watson (I have no access to his works), is reported as as saying, "that out of twenty-one cases bitten by dogs supposed to be laboring under hydrophobia, only one fell a victim to it." There are many cases of reputed rabies which are certainly not founded on facts. Now, will some of your many readers and correspondents, better informed than myself, advise us whether the great majority of these cases, reported hydrophobic, are not simply cases of hysteria.

We all know that hysteria is not, as its name asserts, specially peculiar to women, and that it is not a mere fancy but a painful disease, and often incurable.

RETARDED CONGENITAL SYPHILIS.—SYPHILITIC CARIES.

By H. Durham, M.D., LaSalle, Ill.

Case. H. B., aged 8 years, 4 ft. 2 in. in height, with light, almost sallow, complexion and hair, sanguino-bilious temperament, with no previous sickness, eruption, or sores; of a syphilitic father, cured twenty years ago in a military hospital in France, and of a scrofulous mother, to whom the disease was not communicated by husband or child, and whose two previous children (the first of the two by a former husband) have shown no specific symptoms, last June complained of pain in his left foot, when, in a day or two, a sore appeared upon the tarsal integument, that soon ulcerated with great rapidity, with well-defined edges and circumscribed redness and inflammation.

On the third day after the appearance of the ulcer, Dr. Bry, the attending physician, who had diagnosed the case, called me in, when the cuboid and external and middle cuneiform bones,

with the metatarsal bones of the 4th and 5th toes were denuded, and nearly all of them were ready to drop, and, with the exception of the cuneiform bones, were removed with the phalanges. The child was treated with the proto-iodide of mercury three days, and then with iodide of patass. and compound syrup of sarsaparilla, and made a rapid recovery.

The annals of science furnish few well-authenticated cases of syphilitic lesions of the bones at this early age, and they seldom assume the well-known forms that make their diagnosis so easy in later years. Bertin speaks of having seen periostitis. Laborie quotes a case of caries of tibia. Cruvelhier mentions caries of the orbital vault. Rosen refers to a case of the carious hard palate. But probably some of these were cases of necrosis from ulcerative denudation.

Teachings of the case.—1st. Syphilis is propagated otherwise than from a chancre solely. This child never had a chancre.

2d. The lesion was syphilitic. The symptoms were well marked, and specific treatment altered the character of the ulceration in three days.

3d. The father, at the time of fecundation, had secondary syphilis, and was in a condition to transmit the disease.

4th. The mother did not contract the disease either from the husband or from the embryo *in uterus*. Her health has not declined since marriage.

5th. The child never had a syphilitic symptom previously. At the sitting of the Academy of Medicine, October 8th, 1853, Ricord says, he had a case, aged 17, who inherited tertiary syphilis from his father, and had seen subjects in whom hereditary syphilis did not *manifest* itself before the age of 40.

6th. The different stages, as such, are not transmissible. The father had secondary syphilis, and the child showed tertiary symptoms; but, in truth, the symptoms of congenital syphilis lie between the two stages, partaking of both.

7th. The power of treatment becomes exhausted. The girl of the mother by a former marriage, aged 14, shows no symptoms; the elder boy, aged 10, by this marriage, shows none;

the patient, the younger boy, aged 8, does give syphilitic manifestations. How shall we account for it, but under the supposition that at the time of the first procreation, the father was still under the influence of mercury, and that by the time of the second procreation the specific influence of mercury on the system had been lost! This seems more probable, from the fact that the mother has since miscarried once.

Diday says, a father may beget a syphilitic child, though no symptoms may appear in 10 years. Albers gives his opinion, that retarded syphilis chiefly affects children of a syphilitic father and a scrofulous mother, which opinion the present case confirms.

8th. Venereal dyscrasis may attack one who has never shown debility; contrary to Diday's teaching, who holds that the inherited disorder always brings a debility which predisposes the constitution to acute diseases, etc. Troncin teaches that if the syphilitic child do not die at birth, it will have glandular swellings, a large and tympanitic abdomen, and tardy dentition, none of which conditions are fulfilled in the case of H. B. He also thinks that the slightest disease will carry it off, while Sperino saw a child that, after two *years* of sickness, the disease had perforated the hard palate by ulceration!

9th. The disease chooses the weakest spot for an outbreak. But why should that be in the foot? We could understand it, if the child had received a severe blow or a sprain to occasion congestion, which might cause ulceration in syphilitic subjects, just as congestion produces ulceration of the bowels and induration of the liver in like sufferers. But the child had received no injury, and we must account for the location of the ulceration from the dependent condition of the part, the distance from the centre of circulation, the frequent use of the foot in the restlessness of childhood, and the consequent rapid growth of the bones.

10th. Though congenital syphilis commonly proves fatal before it reaches the tertiary stage, it may first appear at that very stage, as this child never had the least indication of a syphilitic diathesis previous to this attack.

PROGRESSIVE PARALYSIS OF THE INSANE.*

With some show of reason, alienists, who have made the different forms of insanity a life-long study, complain of the inattention of general practitioners to the recent discoveries in the pathology of the nervous system. They say the larger number of cases affected with the paralysis peculiar to the insane, who enter our asylums for treatment, have either been improperly diagnosed or the patient's friends have been deluded by an unjustifiable prognosis of recovery. And it becomes the duty of family physicians to notice the change, for every superintendent of an insane institution states that the cases do progress unfavorably after their admission, while there is good reason to believe much good could be done medicinally in the incipiency of the attack. Although the affection has been noticed for a long time, and, twenty years ago, Dr. Pliny Earle† published the first full account of the disease in this country, yet Flint speaks of general paralysis simply as general spinal paralysis, *i.e.*, when the four extremities are affected, and Aitken discusses in four lines our subject. But the excuse for this omission is not the rare occurrence of the disease. An examination of the abstracts of the reports from our insane asylums, in the *Am. Jour. Med. Sci.*, for the last fifteen months, shows that among 14,566 cases of insanity in thirty-four institutions, there were 1159 deaths, and in twenty-five of the institutions, which report the causes of death, there were 72 deaths from general paralysis or paresis.

In Dr. Gray's essay, we have an able description of this disease. In the incipiency of the disorder, the attention of the physician should be drawn to the mental alienation by the extravagance of ideas. Generally, a man who has transacted a moderate business will be found making large contracts and embarking in new enterprises without any reference to his capital. His delusion is expressed by his often repeating, "I

* General Paresis, or Incomplete Progressive Paralysis. By John P. Gray, M.D., of Utica. Art. XI. Trans. Med. Soc. of State of N.Y., for 1866.

† Am. Jour. Med. Sci., April, 1867, p 333.

am rich, I am rich; I am worth ten thousand, a hundred thousand, a million of dollars;" and this insane idea increases until his plans would require unlimited means. Not as often, the insanity takes the form of political power; sometimes lasciviousness engrosses the man's thoughts, and he wishes to marry every woman whom he meets, and to beget countless children. This state of excitation is followed by depression, although the appetite and love for food, and the excessive venereal propensity continue. Sometimes, in the origin of the disorder, there was languor, pains in the head, excitability, and sleeplessness, and this condition was followed by great drowsiness; but in this secondary stage of the disease, these same symptoms are more marked, and paralytic changes commence with a modification of the speech, which consists in a want of coördination of the muscles of articulation, and very much resembles the attempts at conversation of a drunken man. This is accompanied by a twitching of the mouth, with tremulousness of the eyelids; the paralysis of the tongue becomes quite noticeable; slight paralytic strokes occur; sooner or later the patient has a maniacal paroxysm, sinks into dementia, and, after repeated epileptiform seizures, dies.

In grouping together the principal features of the autopsies made on patients dying of general paresis, we find, in most cases, that the cranium is thickened, the dura mater strongly adherent to the skull, and by filaments to the subjacent membranes; the arachnoid thickened, of a dark yellowish color, beneath it a considerable effusion of serum, and in several cases well-marked arachnoid cysts containing a red fluid or a firm blood coagulum; the pia mater usually congested; the brain engorged with blood or of a dusky hue, sometimes of a normal consistence, again with induration of the pons Varolii and olivary bodies, or with calcareous bodies in the pineal gland, but often with softening and degeneration of the brain substance. In one instance, there was fatty degeneration of the arteries of the brain, and a dark, slaty appearance of the spinal cord. These hints are enough to direct our attention to the necessity of the early diagnosis of this disease. B. D.

ON THE TREATMENT OF ASTHMA.

By W. Anderson, M.D., Pontiac, Ill.

Editor Medical Journal:

Dear Sir:—Please permit me to offer to your readers a few practical remarks on the subject of Asthma, the disease universally and improperly, by the unprofessional, called phthisic, a fact at which we should not demur while the profession adheres to so many barbarous and uncouth, not to say unscientific, names.

This, of all diseases, requires the most strictly tentative treatment, and by adhering too closely to certain remedies in all cases, strikes me as a reason of so little success amongst physicians in its treatment; though I admit it is not curable, and all treatment for this disease is strictly palliative. Or, rather, I would say, while the disease can generally be mitigated and the paroxysms often cut short, I would not pretend to claim that the affection can be eradicated from the system. What may greatly benefit one sufferer may only oppress the next, and not avail in one case out of the next five. The physician should try, and keep on trying, the various remedies, in quick succession, till the right one is found. Whoever prescribes according to authorities, without trying a diversity of remedies, will generally furnish his patient no relief. The patient will generally know what is best adapted to his particular case, and should be thoroughly consulted.

This disease is sometimes brought on by menstrual obstruction. This must be rare, as I am not aware that it has ever been noticed by medical authors. I was recently called to see a case of this kind. She had been troubled at times since the age of puberty; nothing would give relief but bleeding or dry-cupping over the lungs, either on the breast, side, or back. That the paroxysms were caused by a reflux of blood to the lungs was evident. It could not have been merely from the retention in the system of an exciting material, for then bleeding or cupping would not avail. She could get relief in no other way, and these never failed. She always had a parox-

ysm following *obstruction from whatever cause.* I never knew blood-letting to avail in any cases but the above.

It is well known that heart-diseases sometimes result from asthma. In such cases, the ordinary remedies for heart-disease, veratrum, aconite, digitalis, etc., cannot be taken, and should not be given, as they cause smothering and are dangerous and useless.

VENOMOUS BITES.

By James T. Newman, M.D., Chicago.

Much has been said and written, of late years, on the subject which this article professes to treat. It has fallen to my lot to see several cases of such character:—three from the bite of the rattlesnake (*crotalus horridus*); one from the bite of the spider; one from the sting of the scorpion.

On the 10th of August, 1866, I was called to see a man who had been bitten on the right tendo Achillis. He had been bitten about three hours before I saw him. I found him in the most excruciating agonies imaginable. His whole right side was swelled, all the way from the bitten part up to the shoulder; his pulse was very rapid, and varied from 130 to 145; respiration also varied, from 36 to 40; the whole frame was in a high state of nervous trepidation; he also foamed at the mouth, gnashed his teeth, and violent spasms would ensue. I was four miles from town, without a particle of medicine in my possession. I ordered thirty grains of sul. morph. and a gallon of the best brandy. When it came, I took the morphia and divided it into six parts, and gave him one of them; in about ten minutes I gave him about eight ounces of brandy, and anxiously awaited the result. The swelling was rapidly covering the entire body. There I was, and not a physician within twelve miles of me. I was young and inexperienced, and had never seen a case of the kind I had to deal with; all that I knew was what I had read in the books, and my position was

by no means enviable. At the end of an hour from the time the first dose was given, I repeated the morphia and brandy, and also applied a poultice of stramonium leaves. The spasms, I could now plainly see, were subsiding; this gave me hope. I then reduced the brandy to about four ounces every fifteen minutes. This treatment was kept up for six hours, changing the poultices every half hour. At the end of that time, he fell off into a sleep, which lasted four hours. The swelling now commenced to go down. When he awoke, I gave him more morphia in the same doses that I had commenced with. By this time, I had sent for four ounces aqua ammon.; two ounces of it I mixed with the same quantity of brandy. I had given him two doses of the ammonia and brandy, when he fell off into a sweet sleep, which lasted until 3 o'clock the next morning. I had then given him thirty grains of morphia, one gallon of brandy, and four ounces of ammonia. The swelling had almost subsided, except the part that had been bitten; it exuded a greenish fluid. I do not know whether this fluid was the virus or not; I ordered it to be wiped off. The result was, the patient recovered.

Case II. The recovery of the above-named case gained me the reputation of being able to cure the rattlesnake bite. I was sent for, on the 25th of August, of the same year, to attend a man who had been bitten by a rattlesnake. It was fourteen hours from the time he had received the wound when I saw him. He was swelled up nearly three times his former size; complained of having a sore throat; and would gulp when water or fluid were brought near him. I, however, opened his mouth and poured down a glass of brandy; he immediately vomited it up. I then gave him three grains of morphia, which was also ejected from the stomach. He soon sank into a state of coma and died.

Case III. A boy, about 10 years old, was sent by his mother to pick blackberries for tea, and was bitten on the hand by this terrible reptile. He threw down his cup and made for the house. I was living close by, and, hearing the screams of both mother and child, went to their relief. As soon as they

told me what the matter was I took out my handkerchief, and, binding it around the little fellow's wrist, went to my office, which was about a quarter of a mile distant, and obtained some brandy, morphia, and ammonia. I then mixed the ammonia with the brandy, taking two drachms of ammonia and two of brandy, and gave it to him in about ten minutes; I also gave him a quarter of a grain of morphia, which was to be repeated every three hours; the ammonia and brandy was to be given every hour. The arm did not swell; the part that was wounded looked a little puffed, but it soon disappeared, and in a few days he was running around.

This treatment of morphia and brandy, for the bite of the *crotalus horridus*, was taken from a case that I had treated for the bite of the tarantula; the symptoms were exactly alike in the case of the snake bite and in that of the tarantula, with the exception that the pulse in the former was very rapid, and in the latter scarcely perceptible, all other symptoms were present.

Case IV. A child was bitten by that terrific insect, the tarantula. The parts immediately swelled up and spread over the whole body; circulation was impeded to a great extent; dimness and vertigo set in, with nausea and vomiting. I immediately gave it a fourth of a grain of morphia, in about ten minutes I also gave him two drachms of aqua ammon. and two of brandy, cauterized the parts with nitric acid, and kept up this treatment for two days, varying the doses as I thought proper. He recovered.

There is still another case which has fallen under my observation. This was poison produced by the sting of the scorpion. Pain, discoloration, and swelling were the immediate results. Ammonia externally applied, large doses of whiskey internally employed, and in a few hours the patient was relieved.

I will now take the opportunity to ask the Journal how hypodermic injeetions of the narcotic family would answer in such cases.

ELECTRO-MAGNETISM AS A MEANS IN THE TREATMENT OF DISEASE.

By C. F. Hart, M.D., Chicago.

In looking over the *Medical and Surgical Reporter* for June, 1867, No. 24, I find recorded three several cases treated by the galvanic battery. They were:—Case 1st, nævus of the eyelid, cured; Case 2d, papillary growth of the armpit, cured; Case 3d, moluscum of the right eyelid, cured, and without the usual cicatrix.

This brought to mind several cases treated by myself. The first was myself:—Some years ago, when a boy, about 16 years old, I recrived a hurt of the back, from lifting a log, which confined me to my bed for a week or ten days, and shortly after getting about, was thrown from my horse, over his head and against a log, the horse jumping on me with two feet on the small of my back. This again laid me up for some time, and for years after I suffered excruciating pains in the back and hips. I consulted many physicians, without relief, my sufferings growing. Finally, cystorrhœa supervened, with great pain and frequent hemorrhages in micturition; standing, walking, or hard riding would increase the pains. During this time, I had commenced the practice of medicine, and also commenced the investigation of my own case. As all internal remedies had failed, I concluded to try the electrolyptic apparatus, and, to my great joy and satisfaction, found relief in a short time. The mode adopted was placing one pole of the battery over the pubis, while the other was moved backwards and forwards across the lumbar region.

During the treatment of myself, a friend, and classmate, came into my office, suffering severely with neuralgia of the heart and scalp. He had tried almost everything, without more than temporary relief. I proposed to try the battery; he consented, and one pole was placed over the region of the heart, and the other to the head and neck, with great relief, the third or fourth application entirely succeeding. This was in 1859, and up to 1865 he had never been again troubled.

Again, whilst assistant-physician in the W. L. Asylum, in Kentucky, one of the male patients was suffering from incontinence of urine. I, in connection with the superintendent, had exhausted the various treatments of the books, without benefit, when I proposed to Dr. F. G. Montgomery to use the electrolyptic apparatus. He consented, and in less than a week there was a very decided improvement in his case, and in one month the patient was cured. Mode of applying—one pole over the pubis, the other in the perineum.

Another: During the great rebellion, an officer was wounded, at the battle of Shiloh, whilst in the act of giving a command, with his sword arm raised, the ball taking effect in the right breast, just under the clavicle and near the inner third, passing under the head of the humerus, through the axillary space, and making its exit near the elbow-joint, in its course severing some of the axillary plexus of nerves. He was taken home, and I waited on him during his recovery. In the mean time he complained a great deal of pain and burning in the palm of the hand, comparing it to a red-hot coal of fire laid there. One year afterwards he came home, with partial paralysis of the entire arm, with shrinking away of the muscles, and almost an entire loss of feeling in the hand. I tried the battery on him: the first time passing the to and fro current from the shoulder to the hand, for about ten minutes. The next evening it was repeated, and that night he had a return of the sensations during the healing of the wound and continued for several days, when I again used it on him. This time he complained considerable before leaving my office, and, the next day, told me he slept very little during the night in consequence of the pain, but that his sense of touch had very much improved, and he could use his arm much better. Here the treatment ended, not being able to persuade him to continue it.

I feel satisfied that had he continued the treatment, that it would have effected a cure.

Another, and the last, was an old physician, aged 73 or 74, with partial paralysis of the feet, or perhaps a more appropriate term would be, deficient innervation of the lower extremities,

who used it with great benefit. Whether, or not, it ever produced a cure, I am unable to say, having left the place shortly after he commenced the treatment.

A NEW FORM OF SUTURE.

Mr. Editor:—My attention has just been attracted by an article under the above heading, in the April No. of the Journal, p. 150.

The modification of the twisted suture, in which a ring of rubber is substituted for thread or or other material, is figured and described by Dr. Washington L. Atlee, in the *American Journal of the Medical Sciences* for January, 1860, page 81. He claimed it as *original*, and thought that it would *displace all other sutures*.

The fault of the suture is, that if it pulls enough it pulls too much, and if it does not pull too much it does not pull enough.

This will be plain enough, with a little explanation. The theory on which rubber is employed in preference to thread or other inelastic material is, that elastic rubber will yield on the occurrence of swelling, thus obviating the severe pressure to which the included parts must be subjected when inelastic materials are employed.

It must be obvious, on a little reflection, that if the rubber is strong enough to hold the parts in contact, it will pull all the time without any swelling, and this is pulling too much. And, on the other hand, if it does not pull enough to subject the parts to an unnecessary pressure without swelling, it does not pull enough to hold the surfaces in contact. The reason of this is, that rubber, when applied tense, tends to shorten itself, while inelastic material holds the parts in contact without tending to shorten itself. It, therefore, does not press at all within the distance of its original application.

Again, the rubber bridge over the wound will not slide out at its abutments upon the pin. All the yielding that can be expected of it is in a direction perpendicular to the surface,

and here, if the material is so weak as to do this readily, it is an insecure fastening; and if it is strong enough to be secure, it is too strong, for it must press unnecessarily without any swelling at all.

The employment of this suture in varicose veins, is an improvement over the ordinary twisted suture, because the fastening still draws, after the parts yield somewhat. This quality is not desired in effecting union of divided surfaces.

It is probable that the best modification of the twisted suture is, to employ a strip of plaster. When convenient, the plaster can be put on first and the pin pushed through from side to side, and if the tissues are hard, the introduction of an exploring needle, as a guide, will aid the process very much. In many cases, the pin must be pushed through first. Introduce the pin through the plaster and then along the groove of the exploring needle, and while the point of the needle is on a level with the surface of the skin, draw the plaster firmly over across the wound and push the point of the needle through it. This can be fortified by a thread, in the manner of an ordinary twisted suture, but the additional security will rarely be necessary. This presents such a broad surface that constriction and ulceration are not likely to occur. If the parts swell, the pin must be rotated and withdrawn, which can be done without disturbing the plaster. Yours truly,

Jacksonville, June 26, 1867. D. PRINCE.

St. Louis, *June 8, 1867.*

Dr. J. Adams Allen, *Ed. Chicago Med. Journal:*—

Dear Sir:—I noticed in the number of your Journal for April and May last, an article written by Dr. Hoy, of Wisconsin, upon "A New Form of Suture."

The author of the article "calls the attention of the profession to it, not knowing that it is mentioned in any work upon surgery." This suture, which Dr. H. terms the "rubber-suture," is a thin, narrow ring of gum-elastic, and in his recommendation of its usefulness and practical value, I most heartily join;

but he is in error, in supposing it is not mentioned in works upon surgery. Dr. W. L. Atlee, of Philadelphia, has used it for some years past in his operations for ovariotomy, an account of which may be found in the *American Journal of the Medical Sciences*, January, 1860, p. 81.

Dr. Gross, in his Surgery, third edition, vol. ii., page 342, speaks of India-rubber sutures, as having been first employed by one Mons. Rigal, and also by Dr. Atlee.

I have, for the past four years, occasionally employed these sutures in operations for hare-lip, but when used in this operation, I cannot say that they possess any merits over the twisted suture; in fact, in an operation for hare-lip, which I recently performed, I used the last named, in preference to the elastic suture. In cases where a great many sutures are requisite, and where they must be applied without delay, these India-rubber rings may be advantageously employed; and this is particularly the case in operations for ovariotomy. Whenever the surgeon is short of assistants in performing an operation, they will be found very handy. These gum-elastic rings are now for sale at most stationers, or they may be improvised by cutting off small sections, or rings, from ordinary India-rubber half-inch tubing. Yours, very respectfully,

T. G. COMSTOCK, M.D.,

Attending Phys'n St. Louis Good Samaritan Hospital.

GELSEMINUM.

Editor Chicago Medical Journal.—

My Dear Sir:—There are credits given, not infrequently, in medical journals, and sometimes regarded as standard works on medicine and therapeutics, to sources which are not properly entitled to them. Such, indeed, may be the fact in regard to the article Gelsiminum, or Yellow Jasmine, at pages 409 and 410 of the United States Dispensatory, twelfth edition, by Prof. G. B. Wood, Philadelphia.

For example, he attributes "*the discovery of its properties, as*

a febrifuge, to a planter of Mississippi, through the accident of his servant, and that the remedy passed into the hands of irregular practitioners, and was employed by the eclectic physicians before its virtues came to the knowledge of the profession."

Allow the writer to call attention to the article Polemonion, book iv., chap. ix., in the work on Materia Medica, in 6 books, by Dioscorides, published during the reign of Nero, which is admitted to have been a standard work for 1600 years; and to the article Jasminum, by Gaspard Bauhien, in his work entitled Pinax, published late in the 16th century; and to the article Apiana, in the writings of Dodonæus, entitled Pemptades, published in 30 volumes, early in the 17th century; also to the article Jasminum, by John Quincy, published early in the 18th century; and to the article Jasminum Officinale, by Charles Linnæus, 1743; and to the article Gelseminum, by Motherby, 1765; and to the article Jasminum, of the New Edinburgh Dispensatory, 1794; and another article, by the author of the London Dispensatory, 1811.

Added to the remedial properties enumerated by Dr. Wood, to wit:—as a febrifuge and vermifuge, and as a remedy in rheumatism, chorea, and epilepsy, pneumonia, neuralgia, and gonorrhœa, it was used by the ancients in ulceration of the os uteri, and for fluor albus.

The leaves, flowers, bark, and root, have each in turn been used and tested, within much less than a century, and pronounced by able observers as valueless, compared with other remedial agents which are used in the treatment of these diseases.

As a perfume, repeated cautions are given as to its use, on account of its dangerous narcotic properties, believed to reside in the flowers and in the bark of the root.

The apparent necessity of thus noticing the above article, in the writings of so indefatigable, excellent, and earnest a worker in the cause of medical science, is to be regretted.

Chicago, June 5th. JONATHAN W. BROOKS.

Editorial.

Supplement.

Yielding to the solicitations of a large number of friends, we print in this No. an account of the laying of the *Corner-Stone* of Rush Medical College by the Masonic Order. As it is not strictly professional matter, we append it as a supplement, so as not to trench upon the usual pages of the JOURNAL.

Erratum.

In the advertisement by Messrs. Bliss and Sharp, 144 Lake street, on the cover of the Announcement of Rush College, by typographical error the name *Crenshaw* is made *Ciershaw*. The name of the celebrated pharmaceutic firm, BULLOCK & CRENSHAW, is too well known to require correction of this manifest error, but we make it in deference to the request of Messrs. Bliss & Sharp.

Contagiousness of Cholera.

None of our readers should fail to read the highly suggestive and valuable article by our excellent colleague, Prof. Rea, furnished in the present number of THE JOURNAL.

Medical Societies.

Thanks are due to the Secretaries who have forwarded Transactions, but the present pressure upon our pages renders it necessary to defer further notice in this number.

Rush Medical College.

The new building is rapidly progressing. There is now not the slightest doubt that it will be fully completed within the time specified in the contracts. Its stately proportions and convenient arrangements already attract large attention from visitors of the city.

As one looks over the subject, it is a matter of increasing surprise that the College could have gained such great prosperity whilst so badly cabinned in the old building. A large concourse is confidently anticipated at the opening of the ensuing session.

The Endoscope.

The lamented death of Dr. Hunt, noticed on another page, will not interfere with the completion of the work he was engaged in translating for THE JOURNAL. Arrangements have been made that the concluding pages shall be furnished without delay.

University of Wisconsin.

Institutions of learning, of whatever character, which are subject to political control are likewise subject to rapid and often unexpected mutations. No position is safe from attack, and no weight of scientific or personal reputation will protect from assault. Members of their Faculties have to descend to the dirty work of politics, or, worse still, toady to temporary rulers who hold the places at their will. Nepotism, and back-stairs and scullery management are likely to be tenfold more efficacious, in securing and retaining professorships, than real worth and great abilities. Hence, Faculties are liable to become asylums for seedy political hangers-on, or light-witted brothers-in-law, nephews, or cousins. The University of Michigan, in past years, has been an apt illustration of this truth—we should say more, but the subject is too vast—we feel too vividly the *embarrasse du richesse.*

The University of Wisconsin is passing through a similar career in the wilderness. Its present Board of Regents are wiser in their generation than the husbandman of the old parable. They are rooting out tares and wheat both together. In scraping off the barnacles which obviously impeded the progress of their University craft, they are, we fear, scraping off also sheathing, and planks, and knees. Make haste slowly—venerable Literary Fathers!

When we read in the papers that, under any pretence, such men as Prof. EZRA L. CARR are to be compelled to leave professorships which it is positive condescension for them to consent to occupy, we are forced to believe there is "something rotten in"—the University of Wisconsin. It is unnecessary to say that Prof. Carr has a national reputation, and would be gladly selected to fill any vacancy which might occur in the

oldest and proudest literary or scientific institutions in the land. His lectures are marvels of compact learning, expressed in the most forcible and eloquent method. But we did not set out to write an eulogium upon Prof. Carr, nor will we do so. We only wish, as one of the profession of which he is a distinguished ornament, to enter an earnest protest against any such desecration of temporary power.

We are aware of the pitiful expedients usually resorted to by men about to perpetrate such acts—of the village gossip that is retailed. Mrs. Grundy and Paul Pry are at these times unusually busy, but Prof. Carr's position is too high and his reputation too well established to be injured by the Joseph Surfaces and Aminadab Sleeks of society. A personal acquaintance of over a score of years of active professional life, enables us to speak understandingly of the high and deserved reputation of this most estimable gentleman.

It is sincerely to be hoped that the newspapers are wrong, and that no such suicidal act is contemplated.

Canada.

We have received a circular from Dr. Russel, Secretary of the Quebec Medical Society, looking toward the organization of the profession throughout the "Dominion of Canada," under the style of the "Canadian Medical Association." The Quebec Society adopted the subjoined resolutions:

Resolved, 1. That in the interest of the public, and the medical profession, it is desirable to adopt such means as will insure an *uniform* system of granting license to practice Medicine, Surgery, and Midwifery, throughout the Dominion of Canada.

Resolved, 2. That in future, all medical degrees or diplomas, of Universities, Colleges, or Schools of Medicine, shall have merely an honorary value, and licenses to practice Medicine, Surgery, or Midwifery, in the Dominion of Canada, shall be granted by a Central Board of Examiners, in each Province, before whom all holders of Degrees in Medicine, or Diplomas for Surgery, or Midwifery, shall appear for examination.

Resolved, 3. That a committee of seven members be named by the Medical Society, to confer with the various Universities, Colleges, and Medical Schools in Canada, on the subject of the establishment of a Central Board of Examiners, before which, all candidates for license to practice medicine in the Dominion of Canada, shall be examined.

Resolved, 4. That the Quebec Medical Society recommends the calling of a Convention of Medical Delegates, from Universities, Colleges, Schools, Medical Societies, etc., in the Dominion of Canada; to meet at the city of Quebec, on the second Wednesday in October, 1867, for the purpose of adopting some concerted action, on the subject of medical legislation, in conformity with this report, and for the formation of a "Canadian Medical Association."

We trust our brethren in Canada will succeed in organizing their efforts to the better advancement of medical science; but their "Central Board of Examiners will prove a failure. The same idea is a favorite one in this region, also—one enthusiastic individual, indeed, having tried to commit the Illinois Medical Society to its support before the Legislature. "*Who shall guard the Shepherds?*" Whatever legislatures touch they mar. The frogs "missed their figure" in getting a king. Let the medical profession say to politicians, "Hands off!" Let it ask only a clear field and no favors. Neither ask nor give quarter in its contests. In Society the gentleman always takes his appropriate position. There is a higher law which regulates these matters than can be enacted by the political bawds who throng the capitols.

Alumni Meeting.

Prof. Rea informs us that his suggestion of a meeting of the Alumni of Rush College, to inaugurate the opening of the new college edifice, is being responded to with great enthusiasm. The meeting will be held early in October, and a sufficient number have already pledged themselves to be present to secure a highly interesting session. There are more than a thousand of the Alumni, besides those who have attended the lectures and not yet received its honors.

"Old Rush" proposes to extend a general amnesty to those who have deserted her, temporarily, because of her inability to afford them shelter, aid and comfort. Hereafter there will be no occasion for filial wanderings.

The little schools who endeavor to make up for paucity of students by adding to the roll of professors, (and some of them positively exhaust the graduating class of one session to make up a Faculty for the next,) are jubilating over certain action of a, so called, Teacher's Convention, which seemingly gave them warrant for their doings; but the profession understand the "dodge," and will not be deceived.

The great schools of the country propose to regulate their internal affairs in their own way. They propose to be in advance in the *practical*, and to leave the dreams of theorists to prove their nothingness by results.

They propose to teach adult *men*, who crowd their halls, *for a purpose* as men, and not like idle school-boys, whining over their tasks.

To its Alumni, of whom "RUSH" is proud, "*Greeting!*"

A Chapter about the Books.

AITKEN'S PRACTICE.—This is a magnificent work, valuable on account of the extent of its compilations and the amount of its original matter. The additions made to the American edition by Dr. Clymer, are large and valuable. It is not sufficient to say that it should be in every physician's library. It should be read *con amore* until its contents are thoroughly received and digested. The editor has taken great pleasure in recommending it as a text-book for his department in Rush Med. College.

OBSTETRICS; the Science and Art. By Charles D. Meigs, M.D., &c.—*Clarum et venerabile nomen!* The fifth and revised edition of this delightfully written and printed work is before us. It is another evidence that the American people have learned to read American books. We do not propose to "carry coals to Newcastle" in again recommending it to our readers.

PRACTICAL DISSECTIONS. By Hodge's (*vid.* p. 226 Journal), Second and revised edition. The best practical guide to the student of anatomy yet published.

INHALATIONS: by Da Costa. Full and complete instructions and suggestions by the well known and accomplished author, in the use of anatomized fluids etc., in Respiratory Diseases. An excellent monograph.

THE INDIGESTIONS by THOS. K. CHAMBERS. Whatever Dr. Chambers writes is worth buying and reading. Of course, this is a good book. No practitioner of the present time has any right to omit perusal of Dr. Chambers' writings. The JOURNAL wishes he would write a systematic work on *Practice*. The present work is clear, practical, and satisfactory. We place it among leading works of study and reference.

WHY NOT? A book for every woman, prize essay etc., H. R. STORER. A book which should be put into the hands of every woman who applies to a physician to have an abortion

procured. A book which should be put into the hands of no other woman. A book worthy of being read and "whose failings lean towards virtue's side." A book which amid an ocean of twaddle on the subject, really has some value. A book which we should no more think of recommending for indiscriminate perusal by women, than to put treatises on preternatural labors into a nunnery.

Report on Epidemic Cholera in the Army of the United States in the year 1866. "Circular No. 5."

Our thanks are due to Surgeon-General Barnes for this valuable contributiion to the literature of Cholera. The report is submitted to the Department by the indefatigable, and always reliable, Brevet Lt. Col. J. J. Woodward, Assistant Surgeon United States Army.

The subordinate report by A. A. Surgeon B. F. Craig, on Disinfecting Agents is worthy of especial mention. We should reproduce it in full did space permit. As Prof. Blaney has promised us a paper on this subject at an early date and possibly for the present number of the Journal, we the less regret this inability.

We are happy in the belief that by no class of officials in the world is medical science, as a whole, being more decidedly advanced than by the Medical Staff of the U. S. Army. It is a luxury to peruse the broad quarto pages on which their communications find publicity, and greater still to feel meanwhile that the mind is being fed with solid food.

Watson Abridged, (Journal p. 227). An abridgement we thoroughly approve. Let students buy this: Flint on Practice, Aitken likewise, and then sandwich in Chambers', Bennett and a few of the best treatises extant on Physiology, and they will not go far astray in practice, provided, they have learned how to think on medical subjects, which, after all, is the real object of the course of medical pupillage.

Essentials of the Principles and Practice of Medicine. A handy-book for students and practitioners. By Henry Hartshorne, M.D., etc. Philadelphia: Henry C. Lea. 1867.

Notes on the Origin, Nature, Prevention and Treatment of Asiatic Cholera. By John C. Peters, M.D. Second edition with an appendix. New York: D. Van Nostrand, 192 Broadway. 1867. pp. 200. This work was noticed at length in the Oct. number of last year. We are pleased to find that it has been so well appreciated by the profession. For sale by W. B. Keen & Co.

Erichsen on Nervous Injuries. Henry C. Lea, Philadelphia. 1867. pp. 103.

The latter of these books refers principally to railway injuries, the former to those of every variety. Aside from their interest to the general practitioner, they will be read with peculiar interest by the medical witness. Malingering in these cases has been reduced to a system in these days. It is safe to say that of a hundred persons on a railway at the time of a collision, one at least will claim damages for injury of the spine. The thing has grown to be one of the *opprobria medicorum*. Recoveries are unprofessionally rapid after a favorable verdict. Nevertheless the fancied obscurity of the subject is vastly cleared up, by a modicum of common sense applied to the facts. Let each for himself read, ponder, and understand.

Physiology of the Heart. A Lecture By Claude Bernard. Translated By J. S. Morel, M.D., Savannah, Georgia. Purse & Son, Savannah. 1867. pp. 47. From the Translator.

Our thanks are due to Dr. Morel for this very interesting and valuable pamphlet. Its typography and illustrations do credit to the publishers, and the translator has performed his part of the work excellently. The tracings of the pulsations of the heart by the Cardiagraphic, or Sphygmographic apparatus of Mr. Marey, are well designed. The tracings are given of pulsations of the rabbit, frog, tortoise, etc. The development of the heart is closely studied, and its innervation mapped out. The lecture is invaluable to those who seek light in this important physiological topic.

Injuries of the Spine; with an Analysis of nearly four hundred cases. Ashurst, (Journal p. 227). J. B. Lippincott & Co.

Death of Dr. Hunt.

Our gifted, amiable and excellent contributor, R. P. HUNT, M.D., has met with sudden death. It is supposed that while sitting at an open window in his office, he dropped asleep, and fell into the area below. The accident was not discovered until the following morning. Dr. H. was a gentleman of rare culture, extensive observation, and large professional acquirements. Our own acquaintance had been brief, but sufficient to enable us to fully accept the testimonial to his memory, which we extract from the Louisville *Journal:*

"Many of our citizens were startled yesterday by the sad news of the sudden death of Dr. R. P. Hunt, in Chicago, where he had been sojourning for some months. He was well known to our people—to many personally, and to all by reputation.

"Dr. Hunt was born in Lexington. He was of one of the best families in the country—best in the best sense of the word best. He received a fine classical and medical education, but, possessing large wealth, he was never, we believe, a candidate for medical practice. He devoted much time to literature, to solid reading, and to the pleasures of friendship. He was one of the most delightful and fascinating of companions. He had all the social qualities in an eminent degree, and shone in every high circle. He was open, sincere, just, generous, warm-hearted, and chivalric. Toward all, of every respectable position, he always exhibited the most knightly courtesy. He was a gentleman by nature and education, polished to the highest degree of refinement and elegance by constant intercourse with the best portion of the world. His manners were those of a Paladin, and his thoughts and feelings corresponded with them. He was noble without being aristocratic. He was charitable to faults, but his scorn of all things mean and low was, although calm, intensely bitter.

"Dr. Hunt leaves a wife and child, the latter the lovely and delicate bud of an immortal flower, and the former known throughout all the country for her beauty, her goodness, and her accomplishments. Alas, that the sympathies of friends have so little power to soothe the distressed."

Obituary of Dr. Geo. K. Amerman.

Notice of the death of Dr. Amerman, resolutions of respect, condolence, etc., were in type for this No., but excess of matter has crowded the article out in making up the forms. Will appear in next JOURNAL.

Receipts Acknowledged from:

T. A. Pope, $2; A. H. Scott, $1; J. B. Cox, 1; Henry Warm, 2; C. O'Brien, 2; A. Atwood, 2; H. G. Evers, 2; H. Ziesing, $2; J. W. Trueworths, 2; G. N. Jennings, $1; J. Doron, 2; L. B. Brown, 2; T. T. Linn, 2; N. T. Quales, 2; W. D. Morehouse, 2; J. Blount, 2; H. W. Sigworth, 2; H. Durham, 2; J. Seaverns, 2; C. Amos, 2; Charles Bounce, 2; S. Hawley, 2; J. G. Cameron, 2; G. W. Van Zant, 2; H. C. Horton, 2; D. M. Coole, 2; H. T. Fox, 2; B. F. Trull, 2; W. C. Peatt, 2; H. H. Hooker, 2; R. H. Culbertson, 2; M. Bently, 2; S. L. Tyner, 2; Byron Holmes, 1; J. M. Cowen, 2; A. S. Branch, 2; W. E. Peters, J. A. Goldsborry, 2; Thomas Temple, 2; J. A. Clark, 2; J. Cotton, 2; G. M. Chamberlain, 1; J. N. Morris, 2; W. H. St. Clair, 2; C. A. Barnes, 3; W. H. Bright, 2; G. W. Burns, 2; James McCoy, 6; Charles Booth, 2; H. N. Clark, 2; J. Pratt, 2; Charles Kerr, 2; H. Ludington, 2; J. O'Reilly, 5; W. G. Leonard, 2.

(*Continued from page 352.*)

several trials, pierced the stricture, located on the bulbous portion of the urethra. There it was pinched and could go no farther. Then, the bougie withdrawn, the patient passed about a cupful of urine, with great difficulty and in scattering drops. The bougie was then reintroduced, left for fifteen minutes, and then urination, like the previous, again took place. Cataplasms were ordered for the lower belly and perineum, and in the evening the patient was somewhat relieved, and passed, by drops, about a half glass of urine; the bougie was reintroduced. He objected to an operation.

2d Dec. The same bougie introduced twice during the day; the micturition easier; the bladder sensibly emptied, and occupying only two-thirds of the space between the pubis and umbilicus; sometimes the jet is continuous, but filiform. The urine, however, passes involuntarily in the bed.

Dec. 3d. During the night a chill. We left the patient quiet.

Dec. 10th. No more chills. The urine is sufficient. There is no complaint of the bladder, and when the desire to urinate occurs, the passage of a few drops gives relief; still dullness on percussion continues over the pubis, there is no fever, the skin is moist and even sweaty. His appetite is gone, a little weak tea (*tisane*) is his only diet; food is disgusting to him. His lips are swollen, and salivation is abundant. An examination revealed great swelling of the entire mucous membrane, which was covered by a pultaceous layer, surrounded by a red circle, and the parts are very painful.

A portion of chlorate of potash as a gargle, and honey of roses, with chlorhydric acid as a collutorium, are needed.

Dec. 11th. By the endoscope, we reached the retracted part of the mucous membrane. It was of a mother of pearl white. In its centre there was a small red point, the opening into the coarctation, very free by the passage of a sound.

The following day the dilatation was continued; Nos. 6, 7, and 8 bougies were used. An erysipelatous phlegmon of the right eyelid occurred and was cured. The patient, however,

was always broken down in spirits, and suffering; nevertheless, he passed sufficient urine to keep the bladder more or less free.

1863, Jan. During this month, the condition of the patient did not improve, on account of the difficulty offered the treatment, much by the coarctation, which would only admit a filiform bougie (say from two to four-fifths of a line), and by the indocility of the patient.

Feb. 3d. The elastic bougies were replaced by the finest of Béniqué's sounds, and gradual dilatation permitted the introduction of No. 35.

Twice, during the month of February, the patient was taken with chills, as at the commencement of the attack, and which yielded to quinine.

The general condition of the patient is bad, the feebleness extreme, there is no appetite, the stools are diarrhœic in their character, so much so, that at the end of February the local treatment had to be suspended to prevent a return of the fever.

March 10th. The coarctation is so great that bougies of the elastic gum, used early in January, have not been able to penetrate the bladder. In this first effort we have sometimes been compelled to leave the bougie in front of the retraction. The next day, they cleared it, and gradual dilatation was recommenced with the sounds of Béniqué.

March 17th. No. 32 has been reached, but then the patient executes his threat, many times repeated, and demands his exit from the hospital.

March 21st. He comes to the consultation, and begs to be permitted to reënter the wards. The stricture is so much reproduced, that the most fine bougies will not penetrate.

April 3d. Urethrotomy is practised by aid of the endoscope. This operation presents no difficulty, and is not accompanied with any hemmorrhage; an elastic sound, of medium size, is immediately introduced and fixed in the canal. During the day, the patient withdrew the sound, and no further accidents were presented.

On the morrow, dilatation, or, rather, separation of the lips of the urethral wound, is easily continued.

From this time, his strength, appetite, and a better color of the stools, all unexpected, are evident, and, at the same time, the urethra remains sufficiently dilated without daily catheterism.

April 20th. The patient wishes to go to Vincennes, the general condition is not changed and is very satisfactory. The local condition may be appreciated by the fact that, at the time of his departure, a sound No. 41 penetrated the bladder without difficulty.

We have already said that strictures once formed are rarely cured without danger of a relapse; a like cure is almost impossible if the period of granular urethritis is once passed. Relapse, in such cases, is slow to occur; the cure generally lasts for some years; and to keep it up, it is only necessary to pass, at long intervals, a large-sized bougie. On the contrary, when the fibrous retraction occurs, a few days, as in the preceding observation, or a few weeks will suffice to reproduce it after dilatation, and each day, thus to speak, the patient should be sounded. Thus, this is not, properly speaking, a disease threatening a relapse, but one that never cures, and condemns the patient to continual treatment. The first condition is supportable, this is not: and, moreover, when the patient willingly submits himself to it, circumstances of some kind, an intercurrent affection, or some other, occur to compel the cessation of treatment, and then the disease assumes the mastery. It thus becomes necessary to find some more efficacious treatment. To this end, rapid dilatation, cauterization, incision, and excision have been proposed. Of all these means, excision alone is retained. In sudden dilatation, two effects may happen, there is either simple dilatation and a relapse comes on, as after slow dilatation; else there is a tearing of the tissue, and in such case the danger is as great, if not greater, than after urethrotomy. You may recollect a patient, brought here some months since. The next day quick dilatation was resorted to by the inventor of an ingenious instrument; a large urinous phlegmon was the result, and also gangrenous eschars. The patient died in two or three days after entering the hospital.

I have but little to say upon the subject of cauterization as a

means of radical cure of coarctation, or of reëstablishing the canal by destroying the new tissues, when the obstacle cannot be passed. I will not repeat all of the opprobrium justly assigned it; one will be sufficient. If it destroys the morbid formation, it is only to replace it by another, more retractile. I do not now call to mind one of my colleagues who is a partisan of so irrational a means. Several times have I encountered the victims of this operation, and never have I seen strictures more difficult to treat, and more rebellious. In all of them the cauterization left them worse than when in the primitive state.

I also throw aside excisions, notwithstanding the injurious inventions to which they owe their birth. They are especially addressed to hypothetical lesions, to very thin valves, the existence of which is not proved, and which must be very rare, in any and every case. This has never assumed a scientific status.

Incision remains to be discussed. As you know, there are two methods by which it may be practiced:—In one, all the parts, from the skin to the urethra, are traversed, this is *external urethrotomy;* in the other, the tissues forming the retraction are cut by instruments introduced into the canal, this is *internal urethrotomy.*

For the first, there are two processes:—It can be performed by directing a cutting instrument upon a conductor; or else in seeking the canal through the soft parts without a conductor. In the first case, it is necessary that the stricture will admit of the introduction of a catheter, whence dilatation is commenced, so that its passage is made possible; and in such case, internal urethrotomy may be performed in the ordinary manner, and with less danger and pain. True, it has been stated that the cures of external urethrotomy are more durable; others, however, have denied this result, and for my part, in two cases in which I have performed this operation, the relapse was not long in taking place; so to speak, it occurred at the same time as the healing of the perineal wound. In a third case, operated upon by one of my colleagues, I was forced to perform the operation of internal urethrotomy for the purpose of removing a coarctation produced immediately after an external urethrotomy

had been made. These three examples have been sufficient to debar me from performing this operation.

But external urethrotomy is an operation sometimes necessary, and one which should not be rejected, for it may happen to be the only resource left when all others have failed; it is, however, dangerous, difficult, and, what is worse, uncertain, as you have seen by my observations, when it was tried by a surgeon, who, despite his ability, could not terminate the operation. I thus am forced to believe that one of the greatest merits of the endoscope will often be to replace external urethrotomy, by a process but slightly dangerous.

Now let us turn our attention to internal urethrotomy. Its advantages are calculated to procure a more prompt and certain cure, to afford less chance of relapse, much less severe, in substituting upon the retracted part, a somewhat retractile tissue, for one thick, hard, inodular, and difficult of retracticity. Thus you see that this method should not be resorted to, except in the last stages of coarctation, for inodular retractions.

The modes of internal urethrotomy are, naturally, divided into two, incision from front to rear, and its reverse; let us add a third, endoscopic urethrotomy, the principles of which are different, and which present many special advantages.

To incise a retraction from behind forwards, it is necessary to pass an instrument sufficiently large, and one which is brought forward after the passage of the blade previously concealed. This cannot be used save in coarctations of a certain size, or where dilatation has been effected to a certain extent, of which the length or extent, and accidents found at the commencement of the cure, are not avoided by this method. It does not serve to render the cure quicker, but only more certain. It has been preferred until the incision from front to rear, made by sure instruments, such as those of MM. Sédillat and Maisaneve, made the operation sure. The last instrument you have seen me employ, and you can judge of its excellencies.

It will be of great service; it can act upon very restricted coarctations, and, consequently, without previous preparation in many cases, thanks to the size of it. It requires a conductor,

and in some cases, where the opening cannot be found, a long search may be necessary. Small as may be the passage it requires, that passage requires preparation, and this is the most difficult and the longest treatment of the most decided coarctations. Be the treatment what it may, a conductor must be first passed, and often, so as to prepare the passage. The endoscope alone enables us to decide if other instruments will permit us to diagnose correctly. No other method furnishes a certain means of recognizing the disposition of the obstacle. No other process furnishes any means of surely knowing the situation of the obstacle, and, consequently, of judging upon which side it is best to turn the cutting edge of the instrument, whence it often happens, if the accidental tissue only occupies one side of the canal, the incision is made upon the healthy portion. Now, I think it best to cut, in such cases, the diseased parts; they are less sensitive, less vascular, less disposed to immediate adhesion; on this account, I always attack the thickest part for the purpose of making the incision, and, possibly, owing to a strict adherence to this rule, I may owe my success, never having had a serious accident from twenty cases of endoscopic urethrotomy. Before speaking of the advantages possessed by these means, I will describe to you the way of employing them:—

The instruments (uréthrotomes) which I employ are simple probe-pointed bistouries, with a cutting edge of about four lines, the blade small and thin (délié), and in a handle bent at an angle in the stylet I have already described. Having vision to aid us, it is not necessary to employ the same means required by like instruments to conduct the cutting edge and to protect the healthy parts from their action, as without the endoscopic aid. It is necessary to have urethrotomes of two kinds, one with the cutting edge below the handle, the other with the cutting edge above and opposed to the handle. The button or probe point should be no larger than that on the stylet.

Before incising, the opening must be found by means of a stylet, as previously said; then the stylet being withdrawn, the urethrotome is passed to the previously recognized orifice. Once there, by gentle pressure, not by jerks and thrusts, the

instrument readily and easily passes. If the passage is tortuous, its cutting edge acting on the more salient points, it makes its own way. Once introduced entirely through the extent of the obstacle, we withdraw it, pressing slightly so that the blade may completely divide the inodular tissue; this done, no more pressure must be used.

If it becomes necessary to reintroduce the instrument, to make a new incision, or to enlarge the previous one, press it towards it back, so that its probe point, in passing the wound, cannot pass from the bounds of the urethra.

Formerly, I made two, and sometimes four incisions; recognizing the futility of this, I now never make but one. When I see two inodular masses at the end of the instrument, I may deem it necessary to divide both.

When we see masses or fibrous filaments at any one point, towards this point the cutting edge must be turned, and we should endeavor to completely divide the pathological structure. If nothing indicates the side to be cut, I choose the upper part of the canal, for, upon this surface, there are less dangers, as Reybard remarks, and, besides, should it become necessary to again operate, there is less chance of the urethrotome passing through the wound, and less danger if it does.

The incision thus made is not very painful; it is slightly, if at all so, when the tissue is inodular. It is also a fact, that in such cases little or no blood is lost, and what is may be promptly arrested.

The only accident I have yet seen, as a consequence of urethrotomy, is an access of intermitting fever, and this I have never found, save in such cases where it had been induced by previous catheterism; so, when compelled to operate upon a patient previously thus affected, I order to be given in the morning, 11½ grains (*60 centigrammes*) of the sulphate of quinine, and 10 drops of laudanum in an infusion of valerian, all by injection. By this treatment, but one accident has supervened, and this though nothing else has been done to prevent a recurrence. There is a curious fact connected with this urethral fever. At certain times, almost all patients sounded are at-

tacked; at others, scarcely any are affected; so it seems to be under epidemic influence, and is genarally most common when intermittents otherwise prevail. In our wards last year, for several months, intermittent affections prevailed, they attacked, indifferently, patients affected in all sorts of ways, fractures, contusions, white-swelling (*tumour blanch*), ophthalmia, etc. The form assumed was sometimes neuralgic, then febrile accesses of fever, generally of the quotidian type, rarely tertian. Whilst this epidemic lasted, the urethral fever affected almost all who had a retention of urine; after urethrotomy, after simple catheterism, after any violent effort to expel the urine, an access would occur. I could, however, continue the treatment, aided by the effect of the quinine, the action of which seemed to be as powerful in such cases as in marsh fever.

As to the care given after an operation, I introduce, immediately after the incision, a large-sized sound, not sufficiently to distend the cut violently, but large enough to keep the incision open, and also to give issue to the urine. I am well aware that some surgeons object to a permanent sound in the urethra, and accuse it of many accidents. So far as I am concerned, I have not observed them. I, moreover, think too much importance has been given to such cases; the resting sound, in such cases, does not seem to me to exert so much influence as is generally attributed to it; it neither possesses the merit some ascribe to it, nor the dangers expected by others; suffice it to say it is painful and its presence inconveniences the sick person, I do not, therefore employ it.

I generally withdraw the sound on the fourth or fifth day; then I complete the cure by the metallic bougies of Béniqué. These bougies are not well adapted to general dilatation, but they seem to act especially upon the affected point.

Urethrotomy, effected by means of the endoscope, partakes of the advantages of the other processes, it has also its peculiar advantages. Like the other treatments, it may cause a radical cure, but more time is necessary after dilatation. There is reason why I should insist upon urethrotomy, a single case that I will shortly report, will fully exemplify that, in certain cases,

dilatation affords but temporary relief, whilst incision alone produces a cure.

Endoscopic urethrotomy is preferable to all other means in this, it shortens the treatment, as it does not necessitate any treatment of a preliminary kind to pass the coarctation, and in itself furnishes the means to go through the obstacle, while the methods aiming to act from rear to front require, first, the introduction of a conductor; at the same time, this method enables us to see exactly the position of the stricture, and, of necessity, to properly direct the cutting blade. We have already seen that the endoscope often enables us to decide if urethrotomy is necessary, and to be certain of the fact.

Really, the greatest advantage of this method is, that it furnishes a means to overcome an obstacle, rebellious to all other means. I am convinced, and think you are, that the endoscope will often enable us to discover coarctations, and to practice immediate urethrotomy, in cases where other means would not only require time, but might fail entirely. The endoscope may render unnecessary, or, at least, the necessity very rare, for the puncture of the bladder and external urethrotomy without a conductor.

The following cases, in addition to those due to M. Civiale, will suffice, I think, to demonstrate the advantages of the new method. It is necessary to state that, in several of these cases, the stricture could not be passed by ordinary means, and, consequently, intra-urethral incision could only be used by means of the endoscope.

Stricture of the Urethra.—Catheterism, by Ordinary Means, Impossible.—Endoscopic Urethrotomy.—Cure.

On the 22d of February, 1863, Charles F., 34 years of age, a mechanician, married, came to Necker Hospital.

This man was of a vigorous constitution; as to anterior affections of the urinary passages, he only admits of a slight blennorrhagia, contracted fourteen years previously, and cured in a few days without sequences.

The actual disease was caused by a traumatic effect. In

February, 1862, the man stumbled and fell from half a yard (*demi metre*) in height, upon a bar of iron, striking heavily upon his perineum. Spite of this, he continued his work, but soon the pain became so great that he was compelled to go home. There was weight in the perineum and anxiety to urinate, an anxiety that could not be obeyed. A physician was called, introduced a catheter, and brought off clots of blood. For some days, the sound was introduced from time to time, then its use was suspended, the patient urinating with facility.

The cure seemed complete, there only remained slight pain near the bulb; but in four or five months micturition became painful; the stream diminished daily; and in September, the water passed only by drops.

M. Chaudemont was consulted. He tried, with failure, to introduce bougies, and ultimately recommended external urethrotomy, a process rejected by the patient. Soon the patient, ever tormented with dysuria, went again to M. Chaudemont. Catheterism could not be performed then. After a month of fruitless efforts, M. Chaudemont sent him to me. I several times attempted to introduce the bougie, with like success, or the want of it.

In the first and second explorations of the endoscope, I found the orifice in the bulbous portion, and, on consultation, M. Chaudemont and myself concluded, if another examination was not more happy, an external urethrotomy made by this able surgeon, without a conductor would be necessary, an operation to be practised by him.

So, on the 28th February, a third exploration exhibited, in an irregular surface, mammelonoid of the dead white of coarctation, with restricted orifice at the left inferior part of the urethra. The orifice was much contracted, and I substituted for the former treatment the whalebone bougie, which I left in place, withdrawing the endoscope. The following day, a very fine bougie could be introduced in the ordinary way.

On the 5th March, the pain forced a cessation of any attempt at catheterism.

March 8th. Aftet a renewed and fruitless attempt at cathe-

terism, urethrotomy was decided on. By aid of the endoscope, I passed a stylet, introduced an urethrotome, and completely divided the inodular tissue, above and to the right, in its densest part. But few drops were lost. An elastic sound No. 13, was then introduced, to remain some time.

Up to the 13th March, the sound was retained without any accident; then it was withdrawn, and a No. 34 Béniqué bougie introduced. Gradually, the size of the bougie was increased; at the end of eight days, No. 54 (*plus de 8 millimetres de diameter*), say three and one-fifth lines English measure, passed readily. The patient having educated himself to pass the sound and his urine readily passing, left the hospital, recommended, however, to occasionally introduce a bougie of large size.

Stricture of the Urethra without Previous Dilatation.

T., aged 60 years, a shoemaker and married, was in the Necker Hospital.

This man had been a soldier, and, naturally, addicted to women and wine. When 21 years of age, he contracted his first blennorrhagia, and entered a hospital at Strasbourg, there he was treated by lotions and injections. Two years after, he had a second. He went into a Montpelier hospital, staid there about a month, and left without being cured. The discharge continued for some four months, abundant, accompanied by long and painful erections; he made no change in his habits, as regards coition and the imbibing of alcoholic drinks; he thought he could cure the disease by these excesses. There was neither chancre nor bubo. He kept up, and does still, this mode of life. He has had clap, he knows not how long, and may even have it now. Whenever he drinks too much, urination is difficult, and a white drop appears at the meatus before the urinary emission; little by little, the difficulty of micturition becomes permanently established. In 1849, he entered the hospital at Brest, where he learned to sound himself, and whenever urination became difficult he introduced the sound himself. After that, micturition was easier, but he was not sure that the bougie entered the bladder.

It is now several years since the stricture has reached its present point, that is to say, the man cannot hold his urine when the desire to pass it seizes him; he cannot stop, once its flow has commenced; there is no pain in this, no great effort, but its duration is more or less long; the jet is very fine, sometimes bifurcated, one portion being projected, ejaculated, whilst the other follows vertically. The ejaculation is always made normally. For three years, his condition has been the same.

Upon his entry into the hospital, I attempted to pass bougies Nos. 6, 5, 4, but ineffectually; they could not clear a first coarctation in the spongy portion, but were arrested under the symphysis. Large wax bougies were introduced up to this point; the patient retained them as long as possible, and from them he experienced relief; he urinated more easily, but since the catheterism experiences almost constant pain in the gland; drops of blood flowed from the meatus on the withdrawal of the bougie. During the day, the urethragia continued, his shirt was blood spotted, and, squeezing the urethra, drops would appear.

26th Feb. Every day a large bougie was introduced and moved back and forth (à frottement) in the spongy portion. This day, an endoscopic examination was made. The tube passed up to the second retraction, demonstrated a very contracted condition, so much so that the stylet nor a whalebone bougie could pass, save by the point into the orifice; the bougie was left in place; a considerable discharge of blood occurred upon the withdrawal of the instrument; the blood must have come from the first stricture, for the second was seen to be fibrous and not vascular; no blood was seen to come from it. All day the blood flowed drop by drop.

Injections were ordered, say 17.434 Troy grains (5 grammes) of the perchloride of iron in 3086.800 parts of water (200 grammes). In the evening he complained of chilliness, turkey flesh feeling (chair de poule), and headache.

During the month of March he was left quiet, the injections were continued on account of a slight muco-sanguineous discharge, which persisted and was increased by each exploration.

3d April. This day, the patient being in good condition, the stricture was cut. The tube was put in place, a bistoury with a superior cutting edge was introduced, and two superior incisions made upward, one to the right the other to the left, the discharge of blood and the pain were but slight. A sound of large size was introduced readily into the bladder and there fixed, with but little pain and no chills. The evening was comfortably passed, with some muco-sanguineous discharge between the borders of the meatus and of the sound.

5th April. All goes well, the patient scarcely feels the effects of the operation. The sound is withdrawn; uriration is facile.

April 6th. He complains of lively pains at the meatus, increased by the passage of urine, slightly difficult at this point. There is some œdema of the bridle and, in separating the lips of the orifice, a small patch of herpetic vesicles. They were cauterized by the nitrate of silver.

8th April. The pain is calmed, and there is a renewal of the cauterization.

9th April. He urinates well; a bougie of Béniquĕ, No. 39, is easily introduced into the bladder.

10th April. Exit.

Coarctation of the Bulbous Portion.—Ordinary Catheterism Impossible.—Endoscopic Urethrotomy.

B. (Désiré), 50 years of age, married, and a house porter.

This man, pale, thin, of a feeble and lymphatic constitution, easily worn out by work and prolonged vigils, had never been guilty of any excess. When 31 years of age, a few days after sexual intercourse, a tumor, the size of a pullet's egg, formed in his right groin. It was red and painful, did not suppurate, and continued for two weeks without preventing work, and that too without either chancre or discharge. He continued to lead an irregular life. Four years since, for the first and last time, he experienced a slight blennorrhagic discharge, a little painful, and one curing itself in from fifteen to twenty days, and that without treatment.

He found himself well until three or four months since, when

he perceived his urinary jet slow and very short. Little by little, he was obliged, during the night, to discharge his urine every two hours, with but little at a time, and that voided with difficulty. On the 31st December, after a slight excess, that is, a cup of coffee and a half bottle of wine, urinating became impossible; he also experienced much suffering through the length of the penis and in the perineum, and was forced to keep abed. The pain increased with the mictatory efforts.

When he entered the hospital, 8th January, 1862, the patient suffered somewhat; there was a bearing down weight, also lassitude in the perineum; micturition took place either as a thin thread, or else drop by drop.

Catheterism showed a coarctation near the bulbous part. Bougie No. 4 penetrated it and then rested, pinched by its point. In the perineum, a tolerably hard nodosity was felt.

An endoscopic examination showed a stricture, into which the stylet might be introduced, and upon its left wall an ulceration giving issue to some blood. The catheterism gave rise to no accident.

11th Jan. A No. 3 bougie will not penetrate, it comes out twisted and bent upon itself.

16th. Every attempt to introduce the same bougie is fruitless. With the endoscope, the stylet was introduced, and then the whalebone bougie, which was fixed in the retracted part, the patient to retain it until the desire to urinate was felt.

17th. Yesterday, after having withdrawn the bougie, the patient could urinate more readily, in fact, there was a great amelioration; but in the morning the retraction returned, and at the same point. The bougie could, however, enter and remain, pinched at its point. In the evening, the patient said he was able, during the day, to pass it entirely.

22d. Endoscopic examination. Introduction of the whalebone bougie, well protected (bougie de balein gardér), for two hours. The patient does not suffer, the urinal jet is more easy, but scattering.

23d. The endoscopic sound was introduced up to the retracted point; at this point a bistoury was inserted, and the

indurated tissues, in all of their superior surface, divided. The discharge of blood was but little. Immediately after, a No. 20 sound could pass; it was stopped by an obstacle beyond the prostate, but ultimately reached the bladder. The urine freely flowed, the subject was relieved, though, as a result of the operation, he was chilly, and, with a feeling of faintness, returned to his bed. Cataplasms were applied to the lower abdomen and to the perineum. Soon, heat and good feeling sensations reappeared. A conditional injection of sulphate of quinine was prescribed. In the evening, the patient was in good condition, had urinated well, suffered but little, had no chills, and was in a state of gentle moisture. The injection was not given.

24th. Same satisfactory condition. The sound remains in place.

25th. Doing well in the morning. Going twice, during the day, to the privy, was seized with a violent chill of about two hours duration, and followed by fever, sweating, indisposition, prostration, and headache. Ordered the following enema:—℞. Valerian 2 gram. (say grs. 80¼), quin. sulph. 50 centgram. (grs. 8), camphor 2 gram. (grs. 80¼), Laudanum of Rousseau gtt. 10

27th The patient has done well these two days past, suffering but little, with neither chills nor fever. The sound is withdrawn; the discharge is sero-purulent.

28th. The patient urinates easily, and, according to him, with a larger jet than ever before; he might be considered cured, were it not for a slight muco-purulent discharge, and still some pain during, but especially after, micturition.

3d Feb. A bougie of white metal, No. 28, (equal to Carrière's 21,) was passed into the bladder.

4th. Bougie 29

13th. The same bougie introduced each morning, and retained for an instant. An endoscopic examination reveals no cicatrices from the incisions. The condition, general and local, is excellent.

14th. Discharged.

Stricture of the Spongy Portion of the Urethra.

P. (John), aged 42 years, a shoemaker by trade, married, and in the Necker Hospital.

This man is of good constitution, and has never been sick. At the age of 21, he had an intense blennorrhagia, which appeared after nine days' incubation. He was accustomed to drink largely of beer and wine, without, however, committing many excesses, and exercised himself as a baker, which fatigued him much. He did not change his habits and used no treatment but tisanes; the discharge was abundant, the pains severe, the nights tormented by prolonged erections. Three weeks after, not yet cured, he had new intercourse with women, and renewed them oftener twice than once a week. He also opened a wine store, which did not tend to prevent his drinking. One year after its commencement, the discharge was still abundant. During the second year, it diminished little by little, and existed only in the form of a drop of pus, which he forced out in the morning. This, too, soon left of itself, though he gave up neither wine nor women. He then passed fifteen years without inconvenience. In 1857, he perceived, for the first time, after a slight debauch, that it was difficult for him to urinate, the stream was small, and only voided by great effort. The following days the micturition was more facile, but after every excess, say on an average each eight days, there was a new retention. He consulted a physician, who, fruitlessly, attempted to pass bougies into the bladder, and had caused but little relief; the dysuria increased with each and every excess. The ejaculation was with difficulty made, and meantime the sperm flowed like saliva. During the past two months, these last symptoms are especially manifest. The retention of urine is more complete and accompanied by acute pain. The urine only passes in a fine jet, and that falling perpendicularly, and sometimes in a spiral formation. His general health becoming affected, he concluded, by the advice of his physician, to enter the hospital.

4th Jan. A large sound was introduced into the urethra, it passed along the spongy portion, but was checked at the junction of the bulbous and membranous parts; it caused to project

SUPPLEMENT.

RUSH MEDICAL COLLEGE.

LAYING THE CORNER-STONE—IMPRESSIVE MASONIC CEREMONIES—ORATION BY PAST GRAND MASTER J. ADAMS ALLEN.

Monday afternoon, May 27th, at four o'clock, the corner-stone of the new building for the Rush Medical College, corner of Dearborn and Indiana streets, was duly laid amid most impressive Masonic ceremonies. Representatives of the Apollo and Chicago Commanderies of the Knights Templar were present, and also the Masters and Wardens of most of the Chicago Masonic Lodges. The Grand Lodge was fully represented.

Prayer was offered by the Worthy Grand Chaplain, Rev. O. H. Tiffany.

The exercises were inaugurated by Worshipful Master, J. W. Clyde, of Oriental Lodge, who briefly explained the objects of the meeting.

The appropriate officers then, with their jewels of office, tried the stone, and reported it to be correctly formed, the workmen having properly performed their labors.

Oil, wine, and wheat was next scattered upon the stone, when several articles were placed in the cavity and the work formally concluded.

CONTENTS OF THE CORNER-STONE.

The following is a list of the articles placed in the copper box, deposited in the cavity beneath the corner-stone:

Charter of the College.

Names of the present Board of Trustees, the Faculty, and Alumni.

Epitome of College history.

Description of new building, and names of architect and contractors.

Code of medical ethics.

Constitution and by-laws of Illinois State Medical Society.

Twelfth annual report of the Chicago Board of Education.

Last annual report of the Board of Trade.

Daily papers of Chicago.

Regulations, etc., of the Marine Hospital.

Reports of St. Luke's Hospital, Chicago Eye and Ear Infirmary, and Hospital for Women and Children.

Board of Health papers.

Chicago *Medical Journal.*

American Journal of Medical Sciences.

Chicago *Medical Examiner.*

Pamphlet copy of the *Catholic World.*

Fractional currency and Federal coins.

Last City Directory, (Bailey's.)

Tourists' Guide of City of Chicago, (Goodsell's.)

Photograph and Biography of Dr. Brainard, deceased.

Photographs of the Faculty of the College.

Photograph of W. W. Boyington, Architect.

Upon the conclusion of the ceremony of laying the corner-stone, the Worshipful Master introduced to the assemblage

HON. WILLIAM B. OGDEN.

Mr. Ogden said, that in the absence of the President of the College, he appeared as Chairman of the Board of Trustees to thank the Masons for their performance of the ceremonial duties of the occasion, and the people for their attendance. In a pleasing manner he spoke of the rapid growth of the city during his residence here. Thirty-two years ago he had felled timber near the very site they were now occupying; then the red man's wigwam could be seen in the city; now the forests had disappeared, the red man had gone away, and institutions of wealth and learning could be seen on every hand. The citizens of Chicago have much to be grateful for and proud of.

In conclusion, Mr. Ogden introduced Prof. DeLaskie Miller, who spoke as follows:

HISTORY OF THE COLLEGE.

Fellow-citizens: We have assembled at this place this afternoon, not to inaugurate an entirely new enterprise, or to reanimate an unsuccessful experiment, but to witness an interesting ceremony connected with the prosperity of one of the noblest institutions in the land—the laying of the corner-stone of a new edifice, which has become indispensible by the requirements of this city and the vast territory tributary to it.

That this work has become a necessity, which may not be deferred, a few facts will fully substantiate.

The charter of Rush Medical College was obtained in the year 1837. Soon thereafter a Board of Trustees was appointed, who, without much delay, organized a Faculty, fully authorized to teach the science of medicine in all its branches, and confer the Degree of Doctor of Medicine.

The first complete course of lectures was not given, however, till 1843, and then to a class of 22. From that time to the present, full courses of lectures have been given annually, without abatement in any particular, and the last to a class numbering nearly 300. In the grand aggregate, some thousands of yonng men, seeking to qualify themselves to meet the responsibilities incident to our beneficent profession, have sought instruction here. Of this number about 1,000 have received the honors of the institution, and carry with them not only our diploma—the evidence of their attainments—but, better still, the knowledge and ability to cope successfully with disease and medical error in all its specious forms.

Soon after the reörganization of the Faculty—about seven years ago—it became apparent that the accommodations afforded by the old College building would soon become inadequate; and this apprehension has been replaced by demonstration. For during the last three years, the size of the class has been limited only by the capacity of the building, and for this reason numbers have patronized other institutions, who greatly preferred this College, proving that this is no chimerical scheme.

It is the united purpose of those immediately interested in this enterprise, and responsible for its success, that in the fu-

ture, as in the past, the course of Rush Medical College shall be characterized by advancement in all the improvements drawn from the lights of true science; and with our motto—"Excelsior"—our march shall be onward and upward.

I now have the pleasure of introducing Prof. J. Adams Allen, the orator of this occasion.

Dr. Allen then delivered the following

ORATION,

which was listened to throughout with the greatest attention, notwithstanding the fact that the rain was falling steadily all the time:

Officers and Brothers: It is fitting, it is right, that the chief foundation stone of this new structure should be laid with the sober but impressive pomp of ancient Masonic ceremonial.

Architecture, which is but a branch of Masonry, can, like the latter, be considered both as operative and speculative; for the operative completion of the structure but fixes in solid material shape the speculative building, which before existed in all its parts in as distinct perfection, in the mind of the architect.

All the forms of art, indeed, are but the embodiment in material shape of the inner, unseen thought of the artist. Nay, by a higher essay of the truly philosophic mind, it is to be seen that the great globe itself and the universe of worlds are but the visual manifestations of the wondrous idea of the Supreme Architect, expressing itself, (with deep reverence be it spoken,) as one has said, artistically in space.

We turn our eyes upon this our globe, and study its overlying strata stamped with the effigies of dead races of animal and vegetable life—upon its surface, life in action in all its myriad varieties, the ceaseless operation of forces which, as moment succeeds moment, and age follows upon age, by strange paradox, prove uniformity of action, by constancy of mutation. Then we turn the telescope to the far off heavens, and with the waves of light come whisperings from those distant worlds of the wisdom and power of Him who holds the circling spheres in the hollow of His hand, and commands the laws to which all, whether animate or inanimate, material or immaterial, are in

eternal subjection. Out of the silence comes the "still small voice," and nature in repose speaks trumpet-tongued to the hearing ear and the understanding heart. As the philosopher wrote of motion: "Even without change of place it has its force; and bodies big with motion labor to move but stir not, whilst they express an energy beyond our comprehension."

It is fitting, therefore, upon an occasion like this, when we celebrate the laying of this corner-stone amid masses of solid work of operative masonry, to ponder well the thoughts which are to be expressed by this new edifice.

The architect here calls these mineral masses to give body to his thought of fitness, of strength, of durability, of majesty, of proportion, of beauty. Nor doubt we that these shall each find expression around and above this corner-stone—for even now the aid of the pencil has given them visual form—those thoughts even now are immortal, though *he* pass away forever before stone rises upon stone to the last necessary sound of the gavel.

But in this corner-stone we find other thoughts than those of the architect. The work of the operative Mason in shaping this well-squared ashlar from the native rough—a material protest against the rude natural state—is paralleled in speculative Masonry, which at this time, and during all times, is and has been a living protest against savagery, brute force, and especially *ignorance*, which makes that force a thing to be feared. And thus this corner-stone becomes a mile-stone along the route of human progress. Those who have passed beyond, place it here for those who come after.

It has ever been the pride of Masonry, that even during ruder ages, when society was comparatively chaotic, and property and life but the playthings of the strongest arm, its potent influence was always in favor of the "humanities,"—it softened manners and robbed customs of their ferocity. While it laid broad and deep the foundations of castles and cathedrals, of palaces and churches, it also fostered, by its benign influence, the liberal arts and sciences, preserving at least their germs among its arcana, even amid the havoc of revolu-

tions, and the corroding rust of otherwise benighted centuries. And it was this peculiarity which distinguished our ancient craftsmen from the other architects of antiquity. Mere piling of stone upon stone, although deftly arranged, and curiously carved, does not satisfy the Masonic thought. The grandeur of the Coliseum at Rome, with its vast amphitheatric tiers rising in sullen majesty, so that tens of thousands at once could look down upon its central arena, or upon the throne of Vespasian, its proud builder, remains to us but the monument of a barbarous people, when we recollect that in that arena only wild beasts fought, or more savage gladiators were butchered, to make a Roman holiday.

"Ad cædes hominum prisca amphitheatra patebant;
Ut longum discant vivere nostra patent."

Around and above this "WELL FORMED, TRUE, AND TRUSTY" corner-stone, will arise another amphitheatre, devoted to the science and art of prolongng life, and crowning it with its necessary happiness—health.

Time was when individual life was deemed of but little value, for the objects to be gained by its continuance were of little importance. The war or pestilence which thinned the crowded city was looked upon by its rulers as a relief from threatened annoyance. "The Romans," says Plutarch, "always had recourse to war, like good physicians, to expel dangerous humors from the body politic." The pestilence was but a natural outlet for the same.

But in the transition from pristine and mediæval semi-barbarism to the present era, there has been a concurrent advance in the intrinsic value of individual life. *Intrinsic*, for the objects and uses of that life have become more numerous, more important, and more immediately interwoven with the general welfare. As in numbers the integer, though but a unit, expresses not only its own value, but, by position, the relative value of the figures with which it is written, so, the individual is now by no means isolated, but of a use and importance not to be estimated without reference to the entire body of society. The life of the soldier rises in importance with the interests at

stake in the war. The life of the ruler is not a mere personal interest, but may involve the very existence of law and order. The life of the farmer, the manufacturer, the merchant, the artisan, the professional man—each is to be considered, not solely from the numbers engaged in these several pursuits, but from their relation to the general weal. The sum total characterizes the age, illustrates its tendency, and is its part of universal history. Thus intimately are the parts knit and connected in the harmonious frame-work of society. The loss of health or life robs society of that service which would otherwise accrue, whence results gereral loss. The recognition of this fact has been formally made known in the care exercised by Government over armies and navies. Not only have they been provided with the ordinary necessaries of life, but, moreover, extreme pains have been taken that they should be defended against the attacks of disease, which might at once destroy their efficiency. This has been sought by the training and appointment of competent medical attendants. At the present day there is not an army or navy, belonging to any civilized Government, without its regularly appointed corps of scientific medical officers. To facilitate this object still further, most of the prominent Governments have taken care to establish and favor with a fostering influence institutions where the elements of the art preservative of life could be acquired, and hospitals where the highest perfection of its practice could be illustrated. The General Government of this country have so far acknowledged the necessity of this course that they will not admit to the medical corps of either army or navy any but those who have attained a high grade of acquirement in medical science. During the unhappy struggle from which the nation has just emerged, the wisdom of this course, and the great strides in advance which have been made in medical art, have been most notably illustrated by a freedom from disease and mortality heretofore unparalleled in the annals of war.

Thus, by the constituted authorities of all Christendom, it is declared that the preservation of the lives of such of their citizens as are employed in military or naval affairs, is an object of national concern, and should be solicitously regarded.

We might go further than this, and lay it down as an incontrovertible principle, that the citizen in civil life is also entitled to similar care. As men, and not money, are the real sinews of war, so men, and not machinery, are the sinews of peace. While the nation, by its arms of offence and defence, is making itself felt abroad, by its Briarean operatives at home it is, or should be, building up the more permanent framework of moral, intellectual, and material power. The life which lost in the army involves but a temporary deficiency, lost in the ranks of operative effort casts hundred-fold the shadow. The normal condition of society is peace; its unnatural or diseased state is war. War is an accident of external relations; peace is accordance with the law of its existence. It is fitting, therefore, that every well organized Government should scrupulously provide, whether during peace or war, for the preservation of the first of rights to its citizens—the right of life, and its corollary, health. The position is one which contravenes argument, and needs to be but clearly stated to command admission.

Beyond even this, as every individual is to a certain extent the property of the nation, he has no right to sacrifice his own life or health, either directly by his own act or indirectly by maluse of the means for their preservation, no more than to mutilate himself or commit suicide. Common sense and the common law, which should be its mirror, indorse the proposition as tenable. How far this abstract truth should be carried into practical results may be a matter for debate, but the clearly derived inference from this and the preceding propositions is, that the sovereign power of every State is bound by every precept of right, justice, and sound policy to provide its citizens with the best of known means for the preservation of life and the continuance of health.

Unfortunately the peculiar political ideas in ascendancy in this country, from the first organization of the Government down to the present time, have prevented practical acknowledgment of this prime duty, save in rare instances, and even in these to the most limited extent. Government has meddled with (and not unfrequently marred) almost every conceivable

interest but this, which has been left wholly to private enterprise. It has recognized, often liberally, the claims of educational institutions, from the common school to the University, which is well, but it has left uncared for the physical frame of the young and the old alike—so that the former bring small aid to the operative energy of the mass, and the latter fill untimely graves.

The módicum of education afforded in the primary schools is not so immediately designed for the benefit of the individual as for that of society. The public authority provides the means of instruction for public ends. It is better to build school-houses than jails—to pay school-masters than prison wardens and guards.

The same principle holds true with reference to the University course. The high degree of education imparted to the few at the expense of the many, is looked upon by the narrow-minded as an unjust partiality, which is far from the truth. The few, though incidentally individually benefitted, are not thus favored for this object. The grand underlying reason is that knowledge is like water, constantly tending to diffuse itself; and the experience of the world shows that the educated mind constantly tends to awaken the energies, enlarge the perceptions, and correct the waywardness of uneducated mind. An ever widening circle of valuable influence surrounds the former, of which the latter is immediately and largely participant. This is the object sought, and thus it is attained.

The building to be erected around and above this corner-stone is to be devoted to one branch of this higher education. It happens that the individuals who will attend upon the courses of instruction herein to be given will, afterward, make use of their acquirements in the very practical and very prosaic business of getting their daily bread, and in rare, and perhaps fabulous, instances, in securing a credit side to their banker's book. Were this all, it would scarcely seem worth while to call public attention to what would in such case be a mere private enterprise. But those who have this institution under their charge, and by whose personal efforts and sacrifices

this structure is to gain completion, look upon their relations to society with a different eye.

In this age of the world, that which is necessary to be done *is* done, even though not by those whose clear duty it is to perform the work. If Government persists in playing the part of Hercules, and will not come when prayed for to put its broad shoulders to the wheels of progress, the car must move, any way—the wagoners are uot content to be perpetually in the mire. Wo be to the unhappy wight, who, thinking otherwise, would block the forward wheels!

A prouder temple than those of olden time erected to Æsculapius and Hygeia, is here to arise, for it will be dedicated to *truth* and *humanity*. Herein the diligent searcher after the true shall be enlightened and increase his lore, while the lover of his fellow man shall find means to alleviate suffering, and cheer with ready sympathy those whose unfortunate lot it is to fall under the sway of disease.

It is not arrogating too much to say that the condition of the science of medicine, in any particular age of the world, is an accurate reflex of the general science of that period. It is the barometer of the time, indicative of the atmosphere of knowledge. If the absurdities and excrescences which have marred its history at times, elicit ridicule and demand contempt, we of the profession are comforted by the reflection, warranted by history, that it is impossible to say anything so absurd that it has not at some period been advanced and defended by philosophers.

Mr. Weller pithily and sententiously remarks, "There is a great deal of human nature among men—especially widders," and we may be pardoned for assuming the same general statement, adding—especially doctors. The devious ways through which medical knowledge has been sought—the stumbling footsteps even of its most earnest students, would be sufficient food for satire, were it not for the primal fact that thus is it ever in the search for truth. Poor human nature always, even in progression, has to tack and veer against the head winds of prejudice and ignorance. "The way of truth," says Milton, "is

plainness and brightness; the darkness and confusion are all our own."

Another great trouble is, that a little truth wrongly interpreted, becomes at once more dangerous than an absolute falsehood. Put a little fragment of truth under a wrong-headed man, and "he gets up into clamor over it as a lame man gets on horseback," to take a beggar's ride—with what kind of result the proverb makes us sufficiently familiar.

An ignorant age is superstitious and credulous, and an ignorant man believes, "at sight," the baldest delusions to be Gospel verity. If he has been baptized *doctor*, the ordinance unfortunately does not help the matter. Starting from his little point of truth as a center, he revolves about it at the most magnificent distances, or flies away, in tangential fashion, nevertheless very humanly. The professional errors of one age become the popular doctrines of the next. Thus, the sins of Æsculapian fathers are visited upon other people's children, to the immense discomfort of a whole generation.

Unhappily, this does not exhaust the capacities for error which exist among doctors and other people. There are numerous and pestilent follies and absurdities, of which so-called educated minds only are capable. Politicians are very fond of speaking about "educating the people up" to their peculiar views—(usually erroneous and pestiferous.) The human nature among doctors here shines out from the darkness of its surroundings. A long course of education may bring any man, even a doctor, to accept absurd views with religious faith, just as the physical system may be "educated up" to the endurance of opium, of whiskey, arsenic, or stump speeches. Prejudice, which Burke says renders a man's virtue his habit, unluckily makes his vicious notion a shirt of Nessus. "Men are wonderfully happy," says Lord Shaftesbury, "in a faculty of deceiving themselves, whenever they set heartily about it. A very small foundation of any passion will not only serve us to act it well, but even to work ourselves in it beyond our own reach."

Education is a developement of the faculties, whether mental or physical, and some people think education is the end of the

matter. But the faculties may be developed mischievously—the mental athlete may become a bully or a prize-fighter, or defend vigorously the wrong idea which has come uppermost in his hypertrophied ignorance. Education is not wisdom by any manner of means. Tamerlane had power enough when he piled up a pyramid from the skulls of his victims. Wisdom would have taught him rather to build factories and cities, iron-clad Dunderbergs, steam engines, and paper money. He had better have organized Oriental "Boards of Health," with all risk of having them declared unconstitutional afterward.

Education detects the flaw in language; wisdom recognizes the noble intent, and carries out the grand design.

Education fills hungry graves with precocious children, and shortens the span of life of the Herculean gymnast. Wisdom seeks symmetrical developement, both of mind and body—believes that water cannot rise higher than its fountain head, or power be created from nothing, and therefore secures a base of supplies before it forces the action of mind or muscle.

It is not sufficient to have power—the world is full of that—but to know how properly to apply it. It is not sufficient to have ideas, but there must be understanding, also. It is not alone enough to have learning—there are dunces in abundance whose heads are gorged with that. It is not enough to pore over black-letter volumes by the traditional "midnight oil." The written words, all things which the senses can apprehend, or which memory can call up from the stores of the past, must be subjected to the stern test of an educated wisdom which sharply separates the true from the false—the glitter from the gold. The sunlight must displace the farthing candle—not even the comet or the meteor will do in place thereof.

We have laid this corner stone of a new temple of science, and the priests of that temple fervently believe that in their offerings they will not imitate the Athenians, who, the Apostle tells us, put their sacrifices on an altar inscribed, "To the unknown God." They expect to obey the injunction:

"Trust not the frantic or mysterious guide,
Nor stoop a captive to the school man's pride;
On nature's wonders fix alone thy zeal,
They dim not reason."

Very little, comparatively, of the teachings within the walls here to arise will admit of controversy. As the wars which attract the world's attention are oftener about points of etiquette or fractional lines of boundary, than about the "eminent domain" of the realm, so the acrimonious disputes and clangoring debates for which the profession is unpleasantly famous, and over which the wits make themselves merry, are rather the ritualistic questions than the nine and thirty articles. The affairs in dispute are but the hem of the robes of Æsculapius. Nevertheless the contention has its use, and the satire fulfills its mission.

A good healthy skepticism on the one side, and sharp laughter on the other, are counter-irritants, likely to wake up action in the most pachydermatous mind. An easy-going intellect is as apt to be filled up with rubbish as a State Church is to become corrupt, a party without opposition to degenerate, or an idle man to get dyspepsia. *Per aspera ad astra.* Jacob's second wife, who cost him fourteen years' hard service, was, probably, as much superior to the seven-year purchase, as Leah herself to the modern damsel, who is won in a day and divorced the next.

The medical profession will improve, and has improved, by attrition, as the diamond in the hands of the lapidary.

The great central idea upon which medical science now stands with confidence is that, in both mind and body, man is subjected to the domination of immutable laws. The tide of his being rises upon the ocean of law. Above, beneath, around, within him, they equally hold sway, and obedience is the condition of his spiritual and physical life.

While knowledge was being slowly and painfully accumulated by our fathers, they groped in a darkness rendered more profound because this primal truth was not developed. "Knowledge comes, but wisdom lingers," when the student merely ac-

cumulates facts without gathering them into the links of the grand chain of universal law. As an intelligent writer has said: "The book of nature is a sealed book to his untutored and uninstructed vision. The laws which it contains, each of which he is commanded to obey, under great and severe penalties for disobedience, or stimulated to obey by the promise of high reward, are written in a language which he does not understand, and which is only to be comprehended by the labor of observation and study." In observations and studies of this kind, it has come to pass that we find man has relationships and affinities with all that lives, or has lived. He is not solitary; and if we inquire into the arcana of all nature, the every answer will tend to explain more and more fully his peculiar nature. His relationship to other created beings is not merely general, but minute and all-pervading. To understand his animal mechanism, or mental part, it is imperative that we become acquainted with all else that has life, and with all those phases of matter and force which, from hour to hour, impress constant changes upon him.

Hence the science of his being becomes universal science. There is no knowledge but what bears upon his destiny; there is no law but whose orbit has him for a center.

Surely it is no unimportant work in which we are this day engaged, for above this corner-stone will this study be made the tribute to a greater than imperial Cæsar.

The individual man, though a Cæsar even, is little noteworthy. If he sinks under disease and death, the great ocean of life closes over him with scarce a ripple on its surface. But man united with his fellow-man can control even the primal forces of nature to work his will. The great laws embrace not the Emperor only, but the human race.

Out of the atmosphere of hoarse disputes is gradually emerging a knowledge of the great laws of man's being—of life and health. We, who are devoting our energies to this great work, and the noble edifice to arise upon this corner-stone consecrated to its uses, shall have but a fleeting existence. But when the teachers have gone to their last resting place, and these walls

shall crumble around this corner-stone, there will be other hands to take up the grand work, and build new temples, and achieve more glorious triumphs in the contest with nature, to wrest from it the mysteries of health and life.

And at this word we are saddened at the reflection that he who, a quarter of a century since, founded this College, and but a few short months ago was a leader in the councils of the Faculty with regard to the erection of the building upon whose foundations we are now gathered, has been suddenly torn from our ranks by all-powerful Death. Brainard is dead! His works and achievements are his most enduring monument; their record his proudest eulogium.

We miss, also, to-day, from our number, one who was associated with Brainard from the organization of the institution until he stood by his death-bed, in autumn last. Arduous labors, incident to his connection with the army during the war—duties most conscientiously performed—and zealous devotion to his favorite studies, have broken the power of his physical frame, and he seeks now, by a few weeks relaxation from toil, to recuperate his wearied energies. Safely and speedily, with renewed health and vigor, may he return to the active duties of his position as President of the College, to rejoice the hearts of his colleagues by his genial companionship, and strengthen them by his wise counsels. Live Blaney, the patriot, the gentleman, the Mason, tried and true.

Another of the number, in a few days, leaves us for a few months visit to the Old World. He will lay under contribution those renowned in medical science and letters, and gather from their sources, in those transatlantic fields, whatever will most enrich the College and profession which he loves. His personal presence forbids the eulogium which springs to my lips. On his return he will find the capstone upon the arch—the turret crowning the completed building; but he will find no change in the love and respect which all who know him entertain. May the ocean forget its storms while it carries him; and upon land let accident and disease be far from him. Return to us early, Brother Freer; but *serus in coelum!*

Officers and Brothers, on behalf of the Trustees and Faculty of Rush Medical College, I thank you that you have laid this corner-stone with the solemn rites of the ancient Order. The ceremony itself originated with the ancient craft, but it has been so frequently imitated by other organizations that many have lost sight of its peculiar Masonic significance. This imitation, in itself, is a recognition of the power of that symbolic teaching which is the grand characteristic of Masonry. From the tiled floor of the Lodge to the Grand Orient, this teaching illustrates the pathway of the true Mason.

The fitly laying of the corner-stone, deemed so necessary by operative masons, suggests, by impressive parallel, that the commencement of every work of life should be thoroughly tested by the moral masonic implements—the square, the level, and the plumb, else the superstructure will be liable to fall at touch of the lightest disturbing cause. It is the first step that tells—for it marks the direction. There is a world of wholesome truth in the trite saying: "Be sure that you are right—then go ahead."

Progress is the pride of the time, but it may be toward the nethermost region rather than Heaven.

These walls may rise with rapidity, but unless the operative mason adjusts his lines by those of this "tried and trusty corner-stone," they will fall so much the faster.

The life of Man, to us Masons, is a spiritual temple, built of ashlar, shapened at our own will. We can make it "a beauty and a joy forever," or mar it to utter ruin.

But let the corner-stone of every work be based upon the sure foundation of the moral law; let the cardinal tenets of our profession, Brotherly Love, Relief, and Truth, be applied to it as unerring tests, and the pillars of the temple can never be shaken, nor will the fires upon its altars ever go out.

"Visit the sick; bury the dead; educate the orphan;" these injunctions indicate the kind of work to be done, but not all. They are the necessary parts of that symbolic building of which Universal Benevolence is the chiefest corner-stone.

THE BENEDICTION

was then pronounced by Rev. O. H. Tiffany, D.D., Grand Chaplain, after which the assemblage dispersed.

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Original Contributions.

PROPOLIS AS A REMEDY FOR DIARRHŒAS, ACUTE AND CHRONIC.

Read before the Kalamazoo Valley Medical Association, October, 1866.

By H. O. HITCHCOCK, M.D., Kalamazoo, Mich.

I take pleasure in bringing to the notice of the members of this Society an article whose medicinal properties have not, as yet, I believe, been laid before the profession. I am confident that, on thorough and honest trial, it will be found to possess virtues that make it worthy a place in our pharmacopœia.

Sometime during the last spring, (1866,) a gentleman made some statements to me in relation to the efficacy of a certain article in diarrhœas, acute and chronic. He claimed for it, also, great efficiency in the treatment of dysentery, and also in cholera.

I promised to give it a fair trial as soon as any cases indicating its use should present themselves. The article then brought to my notice is thus alluded to, and briefly described, in vol. iii of the New American Encyclopedia, under the article "Bee," viz.: "Wax is not the only material used by bees in their architecture; besides this they employ a reddish-brown, odoriferous, glutinous resin, more tenacious and extensible than wax, called *propolis*, which they obtain from the buds of the poplar and birch, and from various resinous trees."

During the past summer I have prescribed it as a medicinal remedy in numerous cases of acute and chronic diarrhœa and

also in several cases of dysentery. I have also presented samples of it to several members of the Society, requesting them to give it a fair trial, and note faithfully its efficacy.

In my own experiments with it, it has proved one of the best and most reliable remedies I have used, in nearly all cases of simple mucous diarrhœa, even when violent, and accompanied by severe pains, vomiting, and collapse. In many cases a single dose has been all that was required. In several cases of diarrhœa in children it has acted like a charm. It appears to possess an anodyne and soporific property, and yet it does not cause constipation of the bowels, but brings them to a normal action at once.

In several cases of dysentery, when given early, it has appeared to have a marked effect in arresting the disease. But in cases where the disease had become established, and especially in those cases where malarious congestion of the mucous membrane characterized the disease, it has appeared nearly worthless.

I have prescribed it in several cases of chronic diarrhœas, in some of which the disease was contracted in camp. All of these patients have reported to me "that the medicine has acted like a charm," being far more efficacious than any other medicine they have ever used.

The experiments of Drs. Porter, Fisk, and Southard, of this village, have fully corroborated my own. Below I have given several cases.

The propolis is a green resin of a dark-reddish, or yellowish-brown color, of a glistening fracture, slightly conchoidal, of an aromatic taste and smell, entirely insoluble in water, and nearly so in ether, but readily soluble in alcohol and in liquor potassæ. At first I used the tincture, which is of a beautiful wine color.

The following is the formula by which I prepared it for use:

℞.—Selected propolis, ----------3ij.
Alcohol, ----------3iv.

Dissolve.

Dose for an adult, ½ to 1 teaspoonful in sweetened water; for a child, 5 to 20 or 30 drops, after each stool.

When the alcoholic solution is mixed with water or simple syrup, there is a copious deposit thrown down. The taste is pungently aromatic, but is not unpleasant even to children.

Lately I have used an alkaline solution, as follows:

℞.—Propolis, ----------5ji.
Liq. potassæ, ----------5i.

Solve *et adde* aq., simpl. syrup, partes āā 5ij.

Dose ½ a teaspoonful after each stool.

The advantage of the alkaline solution is that its admixture with water or simple syrup does not cause a deposit.

Case I. G. S., a man 72 years of age, called me to see him in the middle of the night, Nov. 14, 1866. He had the day before drank a glass or two from a cask of recently manufactured beer; otherwise he had taken nothing unusual, and appeared at bed time in his usual health. I found him vomiting and purging very frequently—vomiting an ashy looking substance, with dirty, green floccules in it, and the stools were mostly of a thin substance like rice water. There was great pain at the epigastrium and throughout the abdomen, with decided and very troublesome cramps in the legs. Skin was cold and clammy, except about the head; the eyes were sunken; the pulse very feeble, scarcely to be felt at the wrist. I gave him a teaspoonful of a saturated tincture of propolis, and nothing else, except to apply extremely dry heat. He did not vomit again, but had a stool in about 15 minutes. This was followed by another teaspoonful of the medicine. His pain now began to subside, the pulse to be less in frequency, but fuller and stronger. In about an hour he had another stool, which I followed by a dose of ½ a teaspoonful of the remedy. He required no more, and became speedily convalescent.

Case II. I was consulted about this time by a young man for a friend of his, who had gradually increasing on him for some months a chronic diarrhœa, accompanied by pain and soreness throughout the abdomen. I gave him the alkaline solution above indicated, in doses of ½ a teaspoonful three times a day. Three days after, the pain and soreness had all passed away, and the stools were nearly or quite normal in frequency and consistence.

Case III. (By Dr. Porter.) H. P., during a typho-malarious fever, was attacked with diarrhœa. Dejections every 20 or 30 minutes; very dark and watery, and accompanied by vomiting. Ordered a teaspoonful of a mixture of equal parts of tinct. propolis, and simple syrup, to be repeated every two or three hours. The first two doses were rejected. After the third, vomiting ceased, and no stools for two hours, and another dose ended the diarrhœa entirely.

Case IV. (By Dr. Fish.) October 31, 1866, was called to see Mrs. P., who had had chronic diarrhœa for two years, not having had a natural stool within that period; stools generally were from to two to four per day. There was attending the diarrhœa a great deal of soreness over the liver, stomach, and bowels. In one week the tincture of propolis, in doses of ½ a teaspoonful three times a day, had entirely cured her.

I take pleasure in submitting the above to the profession, and in submitting the article to, and asking for it, the careful and honest test of its experience.

ON THE IMPROVED METHOD OF TREATMENT OF DISEASES OF THE LUNGS, THROAT, AND NASAL PASSAGES, BY INHALATIONS OF ATOMIZED FLUIDS.

By Wm. C. Lyman, M.D., late Surgeon U. S. Navy, Resident Physician U. S. Marine Hospital, etc.

The use of atomized liquids has within the past year occupied a prominent place in therapeutics, as applied to diseases affecting the respiratory passages. The great number of cases of that class that occur in the higher latitudes, and their importance, as bearing upon the health, and often the life of the individual, render their correct treatment, and the use of every proper remedial measure, one of the most sacred duties of the physician. Although the use of atomized liquids has its opponents, as being an ineffectual measure, the profession not only has adopted it, but has found it a valuable adjunct to

other means before practiced. It is to contribute to the sum of evidence upon this subject that I have been induced to make a series of observations, which form a part of this communication.

It is a fact, patent to every one, that the function of respiration plays a very important part in the human economy, and that poisonous gases and other substances are readily received into the body, and rapidly produce their characteristic, or specific, effects when introduced. It may be safely concluded that attempts to gain a beneficial influence through this function would not be abortive, for similar reasons.

It is also true that local medicaments have as important a place in therapeutics as those which are introduced into the system; in fact, there are many diseases that are now treated wholly by local applications that were formerly thought only to yield to mysterious combinations of drugs, which, by some power, neither known nor explained, accomplished the desired work: thus fostering that benighted condition that leads the Indian to implicitly believe his "medicine man," when, after some infernal incantation, he tells him some specious untruth, or that which is only another phase of the same love of the mysterious, or belief in that only which cannot be understood, by investing a simple drop of water, or grain of sugar, with a power that mocks the infinite.

Inhalations of atomized or pulverized fluids may be made available for the application of both local and general remedies, producing first their local effect, and, by absorption into the circulation, their habitual impressions. It is always well to produce as direct an impression as possible, thus requiring a less dose, and a less prolonged impression, as, for instance, the hyperdermic use of morphia, compared with its introduction by way of the stomach.

Inhalation as a remedy is no new thing, as every one knows who is at all familiar with the literature of the profession; but until the pulverization of fluids was accomplished and put in practical use, we were not one step in advance of the physicians of ancient Greece in this particular thing of inhalations But

now we claim a step forward, that this is a valuable addition to therapeutics, as necessary as any other.

The various instruments and their parts have been so often and fully described in medical publications that I will only say that those made by Gemrig, of Philadelphia, and Codman & Shurtleff, of Boston, answer every purpose that can possibly be required of a steam instrument of this kind, and the one of Andrew Clark, which consists of two globes, to maintain a steady current of air, will, equally well, accomplish the object for which it is designed. A third instrument is that of Oliver's, which has the tube fitted to a glass receiver, containing the atomizing tube, and which has an opening for the mouth to receive the spray.

The method of administering these inhalations deserves, at least, a passing notice, for it is sometimes difficult to prove that the spray passes into the respiratory passages at all, but is claimed that it finds a lodgment upon the pharynx and glottis, the respired air then being deprived of its particles of fluid. But we find irrefragable proof that atoms of liquid thus produced, do penetrate into the minor branches, in the interesting experiments detailed before the Academy of Medicine in Paris, by M. Demarquay. One of these is thus described: "Several small animals, as rabbits, cats, and Guinea pigs, were forced to inspire an atomized solution of one of the per-salts of iron, for a period of nearly ten minutes, the nostrils being closed. The presence of iron, even in the pulmonary tissue itself, was plainly demonstrable by the proper tests, the prussiate of potash, and acetic acid. Also, a patient in the hospital, who had an opening in the trachea submitted to an experiment being made upon himself in the following manner: A probe, covered with paper moistened with tr. chlor. ferri, was introduced into the trachea, and a strong solution of tannic acid was inhaled for a period of three minutes, a decided black, inky color was obtained." It is a well established fact that coal miners, often present evidence of finely divided substances having found their way into the air vesicles themselves. We have often noticed in using either very warm or very cold vapors, that the

sensation of warmth or of cold was experienced throughout the entire extent of both lungs.

While it must be acknowledged that atomized fluids find their way into the more minute bronchi and air vesicles themselves, it is impossible to say how great a part of every ounce of liquid thus used pervades, in this manner, the whole bronchial tract, and we can only approximate it by judging from the effect produced upon the individual. A œdema about the glottis, or swelling of the vocal cords, are obstacles of a mechanical nature, to the free ingress of vapor, and in any case of failure to obtain the desired effect, such obstacle should be sought for, and, if possible, removed. It is difficult to breathe the atomized fluid through the circuitous nasal passages, without raising the head, and taking care that the tongue is well depressed, and the body inclined so as to make the most favorable angles within the passage traversed by the vapor. The impinging of the current upon any salient point causes a precipitation that soon deprives the air of nearly every perceptible particle of vapor, and it passes into the lungs in its unmedicated condition. I have several times tested this matter, watching the inhalations closely, and examining the patient with the laryngoscope subsequently, using liquids of unmistakable color, and find that none had penetrated further than the fauces. Afterwards, when the patient had carefully adjusted his position, the color extended beyond the reach of the laryngoscope, and expectoration was tinged with the color used in the experiment, for some time after.

The application of remedies is the most important part of this subject that occupied our attention after demonstrating the possibility of their use in this manner. The observations of the writer extend over a series of about seventy cases of disease of the respiratory mucous membrane. It is impossible to give more than an outline of the treatment of these cases in an article of this length, embodying the general considerations only. About one-fourth of these cases were catarrhal inflammation of the nasal passages, in several cases extending to the pharynx. There was a profuse discharge from the nostrils—

sometimes of offensive character, occasionally streaked with blood, with pains about the frontal sinus, and an apparently thickened or swollen condition of the pituitary membrane. This condition had gradually come on through several months. There was a partial loss of smell, and the voice was considerably changed; there was found to be gradual and steady improvement under the use of a solution of chlorate of potash, alternated sometimes with sulphate of iron and tr. sanguinaria. The inhalations were rarely given more than twice daily. The chlorate of potash appears to be applicable to acute and subacute conditions, controlling inflammation and relieving discomfort in a remarkable degree. Acute conditions frequently require anodyne applications along with the chlorate, such as hyoscyamia, aqueous ext. of opium, or conium, to get the best result.

Some ten or twelve cases of pharyngitis, not all identical in character, came under observation—some of which were type cases of "clergyman's sore throat." These yielded readily to a solution of nitrate of silver, at first, and, subsequently, a strong solution of tannin. At the end of a week a marked change for the better was apparent. In one case, particularly, where the whole lining of the throat was intensely red and inflamed, wherever it could be brought into view by depressing the tongue, and by the use of the laryngoscope, from the palate to the glottis. The pulverized solution of nitrate of silver was used twice only before a great amelioration took place in all symptoms, checking the inflammation almost immediately. The spray is much preferable to sponging, as a more agreeable operation to the patient, and applies the agent to all parts—a difficult thing to do with a sponge, which only touches the most exposed portions, leaving those deeper more difficult, and often more inflamed parts, untouched by the remedy.

In syphilitic inflammations of the throat, great benefit followed the use of dilute preparations of creasote, corrosive sublimate, iodine, and permanganate of potash, but it is wholly improbable that these alone would have effected a cure, constitutional remedies being, of course, a *sine qua non*. Eleven

cases of secondary syphilitic disease thus came under observation.

The remainder of the cases, included among those who came under particular observation, were of chronic bronchitis, some having tubercular deposit in the lungs, as determined by physical exploration of the chest, together with a profuse expectoration and cough. Some of the more advanced were only benefited as far as temporary relief of the cough and profuse expectoration. Others, less far advanced, decidedly improved, and gained flesh and strength, using cod liver oil, and other kindred remedies, also. Solutions of sulphate of copper, tannin, alum, acetate of lead, nitrate of silver, and Lugol's solution of iodine, with and without opium, were used in these cases. The preference is given to sulphate of copper, tannin, and nitrate of silver. I have only one case of hæmoptysis that was sufficiently well marked to be of importance. It occurred without much pain or febrile movement, in this instance; used the solution of per-sulphate of iron, much vaunted for its styptic properties; a very weak solution was inhaled with great good effect in promptly checking the hemorrhage. Opportunity occurred for the use of the atomizer, in a single case only, of whooping cough, occurring in a child of four years. Inhalations of dilute solution of belladonna, with occasional alternations, with solution of alum and conium, apparently greatly modified the severity of the paroxysms, they being less frequent and distressing, and of less duration, with easier expectoration.

A medical gentleman of this city informs me that he has used inhalations of lime water in two cases of inflammatory croup, in one of which preparation was being made for tracheotomy; recovery followed in both cases. The use of aqueous vapor is no new thing, it is true, but the prompt action leads to the opinion that the solvent power that the lime water exerted upon the inflammatory exudation within the trachea determined the favorable result.

The same remedy has become a popular one for the diptheritic exudations about the throat, and in the nostrils, and deservedly so, judging from the evidence upon this point contained

in the late contributions to medical literature upon this subject. It is certainly the most available method of using any topical remedy.

When, on account of the tenderness and swelling, the application of the sponge is wholly impossible, and the use of a syringe wholly inadequate, we may consider it a very valuable addition to the remedial measures for these affections. The following cases, given in detail, will probably sufficiently illustrate the beneficial effects of this plan of treatment.

Case I. J. W., native of the United States; had served three years in the army of the South-west, during which period he contracted a troublesome cough, which had existed for eighteen months, when he came under observation. He had been under treatment for months, going from one place and physician to another, but had probably been impatient, and failed to fully carry out any plan. He said he had a "*bushel of empty bottles at home*," showing that he had not been wanting in medicine, at least. He was emaciated, expectorating copiously; respiration at least 28 per minute; pulse about 90. He had little appetite; walked up a flight of stairs with great difficulty; coughed very much on lying down; complained of great pain in his chest, at times, and always when coughing. The alvine and urinary evacuations were normal in character. The most minute and repeated examinations failed to discover any tubercular deposit in the lungs, although expected; he had never had hæmoptysis. Failing to discover tuberculosis, it was concluded that there was only a general sub-acute bronchitis. He inhaled twice daily a solution of chlorate potass, with tr. opium, sometimes alternatated with acetate of lead and morphia; tr. sanguinaria was used at times, with each of the above preparations. He was given an expectorant mixture, of very common place character, more as a placebo, than anything else. He steadily improved from about the second day, when the beneficial effect of the remedy became obvious. The second night after beginning the inhalations was the first quiet night he had had for weeks; he expressed himself as very much relived, and very grateful

withal. His appetite gradually returned; he gained weight; his respiration returned to a natural frequency. At the end of two weeks he could take five times the exercise that was possible at first; he coughed and expectorated comparatively little. When first used the vapor produced a suffocative feeling, with an almost incessant, short, hacking cough, which passed away in half an hour. As he become more accustomed to them, the inhalations were a source of comfort, producing no cough or dyspnœa. These were continued for about a month; the patient steadily improving, when he went to work, with only a trace of his cough left.

Case II. E. B., merchant, age about 45; has had catarrhal inflammation of the nasal passages for the past five years. It was originally a "cold," that, neglected and aggravated by exposure, has continued on till he finds himself in a condition that he describes himself, in nearly the following words: After recovering from the first symptoms of the cold I felt well, and thought I was well, but a slight discharge from the nostrils ensued, and slight soreness, which has always remained, growing worse and worse, with each slight exposure, till now I have constantly a good deal of discharge, often streaked with blood, and purulent in character, and of disagreeable odor. I cannot go to church, or to any place of amusement without being conscious that a disagreeable coughing, hawking, and expectoration may be unpleasant to those near me. The perception of odors is much less acute than formerly; am depressed; have lost between fifteen and twenty pounds in weight, and am really discouraged, having tried a great many medicines, and feel no permanent benefit from their use. This is, perhaps, a type of many cases that are be seen of inflammation of the nasal mucous membrane. The truth is that they are benefited in the same way by local treatment, that inflammation of the conjunctiva, and other mucous surfaces are. Injections with a syringe, and the use of powders, never more than partially accomplishes the desired object, reaching only a small part of the affected surfaces; whereas, the use of pulverized liquids enables us to apply the medicament to the whole. In this case the

treatment was mainly the inhalation, twice daily, of an atomized solution of nitrate of silver, great care being used to prevent the discolorization of the face, by protecting the adjacent parts by covering with oil, and enveloping the face in a towel during the process of inhalation. After the first eight or ten days a solution of chlorate of potash was substituted, which was continued, with occasional alternations, with the nitrate, for several weeks. The progress toward recovery was regularly progressive; the mucous discharge becoming less in quantity; the offensive odor being controlled; the sense of smell reëstablished, and the patient improving in general condition. Chalybeates were prescribed in connection with the local means; but it is wholly improbable that they would have produced this effect alone. This patient was under observation for over two months.

Case III. R. G., native of Germany; age 42; has been a sailor for twenty years; has always been in robust health, notwithstanding the exposure incident to a sailor's life, till eight months ago, when he contracted a pneumonia, which left him with a cough, and greatly debilitated; he continued in this condition for weeks, notwithstanding a tonic course of treatment being pursued. The frothy and copious expectoration continued; slight dullness was observed under the right clavicle on percussion, and large, dry crepitus was developed, with prolonged expiration and bronchial voice. These, with the general indications, showed conclusively the presence of commencing tubercular infiltration. At this time a slight, passive hæmoptysis occurred, an ounce or so of nearly pure blood being expectorated. Several successive attacks followed, a few days apart, with the sputa usually streaked with blood during the interim. Inhalations of styptic character were used at this period, (Monsil's salt,) once daily, which arrested the hæmorrhage at once, and appeared to prevent its recurrence as before, the patient acquiring a great degree of relief from his cough and expectoration, and improving in general condition. How far the curative power of this measure extends as a remedy in tuberculosis, may possibly be determined by subsequent obser-

vations, at present, we know it is a valuable and convenient means of controlling an alarming symptom, which alone would entitle it to a favorable consideration.

The doses in which these preparations are to be used, constitute a point of practical importance, to meet which will be appended the follewing tabular statement. This statement is for adults, and is to be diminished for children, according to the usual rules, proportioning the dose for the age. Several tables of like character have been made public, and in general features they all necessarily correspond; but it is my desire to present the conclusions that whatever opportunity of observation and experience I have had, has enabled me to arrive at this calculation, shows the proper quantity to the oz. of water:

1. Tinct. ferri susqui chloridi,------10 to 20 m.
2. Liq. ferri per-sulphatis,---------- 5 to 15 m.
3. Alum, ----------10 to 20 grs.
4. Tannin,---------- 5 to 30 grs.
5. Sulph. zinc,---------- 2 to 5 grs.
6. Sulph. cupri,---------- 1 to 4 grs.
7. Argenti nitras,---------- 1 to 10 grs.
8. Potass. chloras,----------10 to 30 grs.
9. Lime water,----------Officinal strength.
10. Opium ext.,---------- $\frac{1}{8}$ to 1 gr.
11. Morphia,----------$\frac{1}{16}$ to $\frac{1}{4}$ gr.
12. Liq. iodini comp.,---------- 2 to 4 m.

NASAL POLYPUS.

By R. P. Hunt, M.D., of Chicago.

Dear Doctor:—

When the late civil war, or rebellion, closed, I was on duty in hospital, at Columbus, Ga. The surrender having taken place, I, like all others, concluded to reach my own loved ones, whom for years I had not seen. Accordingly, I left Columbus, where I was stationed, and wended my way towards Louisville, where my family was. In returning, it was necessary to repass ground once before passed.

On reaching Griffin, Ga., where I had been previously stationed, I found surgeons of long-standing in the rebel army, like myself, thrown out. It was necessary to remain there, but whilst there, a singular case occurred:—

I was called in consultation by one of the Confederate surgeons, upon a case of most peculiar character. What was it? A case of nasal polypus.

Some months previously the soldier presented himself at the hospital for treatment; it was then found impossible to remove the polypus as it is ordinarily done. The nose was necessarily split on the side requiring operation, and the excrescence removed. The tumor returned.

A few months after, when there was no Dixie, and I was wending my weary way towards my family and home, if I had a home, I was compelled to stop a few days at Griffin, where I previously had been on duty. Whilst there, a fellow-surgeon called my attention to this case.

The war was over, and all hospital accommodation broken up; yet it did not enter the mind of a medical gentleman to see suffering and not attempt to relieve it. Being there, the medical officer who had previously treated the case requested me to examine it. Thus it was simply a case of charity, and not of army surgery.

After a close and minute examination, I found out that the patient could not sleep in a recumbent position. He was compelled, by the pressure upon his epiglottis, to remain in a chair, as are many cases of asthma. A slight doze, and he would fall and bruise himself. Sleep was really no rest to him; he was young and otherwise vigorous. The case was urgent. Having no means of treating him, we advised that he should pass on to Nashville, enter the hospital, and be well and properly treated. No! he had no money, and could not walk that distance. Like him, we had no money; so what was to be done? The question was ultimately referred to me for a final decision. And now for the case, as I think I have wasted enough of my time and your pages.

The boy came in; I examined him, and saw from the effects

of the previous operation that it had been totally ineffectual. My opinion was asked. It is needless to say, the war being over, there being no hospital accommodations, no means of caring for the sick, I agreed with those who wished to send him to a Nashville hospital for treatment. To this he objected strenuously, giving as reasons his utter disbelief in the possibility of reaching there, that he could not lie down and sleep, that he was suffocating, and that unless relieved he would prefer death immediately. Called upon for my opinion, I first agreed with those preceding me, it was best, if possible, to reach a hospital. To this advice he would not listen. Then, what to do?

The left nasal passage was entirely filled, neither forceps nor probe could pass. The polypus was hard and unyielding; the patient was almost suffocating. He claimed relief, and claimed it as a right. There was but one means to resort to; the previous operation had been fruitless in its results, a new one was necessary. What was it to be?

On an examination, as careful as I could make, I suggested the possibility of the polypus having forced its way into the highmorianum antrum. Thence, the operation to be performed: first, slit up the nose, remove the nasal portion of the polypus, and verify or falsify the diagnosis; if correct, the superior maxillary must be removed. Well, the patient was informed of all his chances, and still advised to proceed to Nashville and enter a hospital. No! "I will die before reaching there, and prefer to die in making an effort to live; cut on." Finding this courage, this indomitable will, the operation was performed. The whole of the left nares was occupied by a substance fully as large as the egg of a pullet, as a matter of course a pullet's egg somewhat elongated; it was thoroughly impacted, reaching from the external orifice back to the pharynx; it also, as had been foreseen, branched off into the antrum. On removing the superior maxillary, the cavity was found filled to its utmost capacity. The excrescence was of a scirrhus character, evidently malignant. The result was what he wished—death.

Prof. Gross says, "there are only two" special forms, "the

gelatinous and fibrous." "The *fibrous polypus* occurs at nearly every period of life. * * * * For the removal of the *naso-pharyngeal* polypus two distinct operations have been proposed: one by Nélaton, * * * the other by Flambert, of Lyons, consisting in the excision of the upper jaw, first practiced by him in 1840, and now recognized as a perfectly legitimate procedure."

This information was not before us at the time the case i question plead for relief.

Proceedings of Societies.

CHICAGO MEDICAL SOCIETY.

SHELL WOUND OF THE HEAD.

Dr. Dunn reported an exceedingly interesting case of injury to the skull, produced by a fragment of shell.

The patient, a surgeon, while on duty during battle received the injury over the inner circle of the left eye. It was quite extensive, implicating not only the soft tissues, but also the bone beneath. There was complete insensibility for several hours. In due time the wound healed, with the exception of a small fistulous opening, leading to carious bone.

The patient was subject for two years to frequent paroxysms of terrible neuralgic pain in the head, numbness of the integument, with a sense of stricture aronnd the forehead. There was at times a slight discharge of purulent matter from the nostrils.

Although the patient has suffered much, and has at times been incapacitated for mental or physical labor, he has yet devoted himself to his professional duties.

Some weeks ago a few small fragments of bone escaped through the nostril, since which time the painful symptoms have entirely subsided.

CANCEROUS DISEASE OF THE ŒSOPHAGUS, WITH ULCERATION INTO THE BRONCHI.

Dr. Fisher exhibited an instructive specimen of cancerous disease of the œsophagus, impiclating both lungs.

The patient, aged 52 years, had suffered some time from irritation of the stomach, and difficulty in retaining his food, when, in July, 1866, he sought the advice of Dr. F.

The patient was emaciated, apparently from want of food; for, although his appetite was good, he was unable to swallow. After the passage of a small probang through the obstruction, he was able to swallow liquid, with considerable difficulty, however, for three weeks. Subsequently it was necessary to pass the probang every few days.

During the last five weeks of the patient's life there was increasing difficulty of breathing. There was marked dullness, with crepitant rales; food which he attempted to swallow was coughed up. Patient died early in May, 1867.

An examination revealed the presence of ten ounces of serous fluid in the right thoracic cavity. The œsophagus was attached to both lungs. There was quite a large opening through its walls into the right bronchus, the contiguous portion of the lung being gangrenous. On the left side there was simply a small communication into the bronchus, with scarcely any disease of the substance of the lung.

The lower portion of the œsophagus, throughout its whole circumference, and to an extent of about four inches in length, was indurated, its sides perforated, and its internal diameter contracted to the size of a quill. The microscope showed the structure of the growth to be malignant.

ENCEPHALOID MASS PENETRATING THE RIGHT RENAL VEIN AND THE VENA CAVA.

Dr. Bogu exhibited a very remarkable specimen of cancerous growth, which he had removed from a patient in the Cook County Hospital.

The patient, aged 35 years, male, entered the hospital in May, having suffered about two months from pain in the left side of the abdomen and chest, hæmoptysis, coldness of the ex-

tremities, night sweats, and loss of appetite. The erect posture produced dizziness and blindness; the horizontal posture produced tinnitus. There was crepitation in each lung, nausea, constipation, and little urine; the right leg was paralized, enormously œdematous, as far as the middle of the thigh, and covered with a large number of black patches. There were many dark colored nodules, varying in size from that of a pea to that of a pigeon's egg, on the scalp, back, and along the course of the lymphatics. There was also an abdominal tumor above the umbilicus, which had escaped the notice of the patient. At last there was pain in the bladder, with retention of the urine, and œdema of the left foot. Death occurred a few days after the patient's entrance into the hospital.

The autopsy revealed a large encephaloid mass, situated over the lumbar vertebra, which were found diseased into the very cavity of the spinal canal. The mass involved the vena cava and right renal vein, penetrating their walls, and nearly filling their cavities with a soft fungus mass. There were deposits of cancerous structure in the lungs, liver, and abdominal glands.

CURVATURE OF THE SPINE.

Dr. Earle reported three cases of curvature of the spine in children, which had been successfully treated by means of a modification of Dr. Taylor's apparatus, which the reporter exhibited and explained to the Society.

Dr. Danforth exhibited a singular, hard, chalky concretion, elipsoidal in shape, one and a half inches by an inch in diameter, which he had removed from under the chin of a female patient, 28 years of age. The tumor had existed twelve years.

SUCCESSFUL REMOVAL OF AN OVARIAN TUMOR.

Dr. Seely read a report of a case of ovarian tumor, which had been successfully removed by Dr. Burnham.

The patient, 31 years of age, had married at the age of 20, and borne four children. In September, 1864, she suffered from the presence of an abdominal tumor. As it developed it became necessary to perform the operation of paracentesis repeatedly, to relieve the great tension, nausea, vomiting, and

vaginal prolapsus, caused by the excessive ascites. For a year or more she was in this way rendered quite comfortable. During the last five months, however, the operation had been performed sixteen times, removing at each time fourteen quarts of serous fluid. The tumor was removed on the 30th of May last. An incision of the usual length having been made through the walls of the abdomen, the tumor was carefully withdrawn, the peduncle ligated, and then divided with the knife. The wound in the abdomen was closed by means of silver sultures, support being given by means of a bandage around the body. After the operation there was scarcely any prostration. Patient slept well; pulse continued a few days somewhat more frequent than normal. There was also considerable intestinal pain, which was readily relieved. The recovery was perfect, in four weeks.

TUMOR OF THE CHOROID.

Dr. Holmes exhibited an eye of a patient at the Chicago Charitable Eye and Ear Infirmary, 52 years of age, who had suffered two years most violent pain in and around the orbit. The globe was soft to the touch, the pupil occluded, iris discolored, conjunctiva congested, but not œdematous; vision had long been totally extinct. The diagnosis was doubtful. As all efforts had failed to relieve the pain, it was deemed best to extirpate the globe. Within it was found a well defined, hard, very dark colored tumor, three-eighths of an inch in diameter, almost spherical in form, attached to the choroid, at its outer and posterior portion, near the optic nerve. It was composed of a fine granular mass, with pigment cells.

PEORIA COUNTY MEDICAL SOCIETY.

Pursuant to call, the following medical gentlemen assembled at the office of Dr. H. Steele, in Elmwood, Peoria County, Ill., June 15th, at 1 o'clock P.M., for tne purpose of organizing a Medical Society:

Dr. G. L. Corcoran, Brimfield; Dr. F. A. Warner, Farmington; Dr. John Gillette, Tivoli; Drs. Hensley and Hoit, Yates City; Dr. J. K. Secord, Elmwood; Dr. H. Steele, Elmwood.

On motion, Dr. Corcoran was chosen temporary Chairman, and Dr. Steele, Secretary.

After the adoption of a Constitution and By-Laws, the Society proceeded to the election of permanent officers for the ensuing year, which resulted in the selection of the following gentlemen:

President—G. L. Corcoran.
Vice President—John Gillette.
Secretary—F. A. Warner.
Treasurer—H. Steel.
Censors—W. Husley, Hoit, and J. K. Secord.

Communications were received from several medical gentlemen, who had been unable to be present, to the effect that they would endorse the proceedings of the Society.

The Society then proceeded to the adoption of a fee bill.

The following subjects were selected for discussion at the next regular meeting:

Administration of Medicine by the Hypodermic Method.

Bromide Potassium.

Cerebro-Spinal Meningitis.

After a brief discussion upon various medical topics, it was ordered that a synopsis of the proceedings be furnished the Chicago MEDICAL JOURNAL and Yates City *Herald*, for publication.

On motion, the Society adjourned, to meet at Brimfield, on Wednesday, Sept. 4th, 1867, at 1 o'clock P.M.

G. L. CORCORAN, Chairman.

H. STEELE, Secretary.

Foreign Correspondence.

HEIDELBERG, July 14th, 1867.

DEAR DOCTOR:—For the present I find myself domiciled in this ancient and beautiful city of the valley of the Neckar. There is just room enough for the city between the river and mountain, which rises abruptly to the height of 1800 feet. On the opposite right bank is another range of similar height, springing

from the very water's edge. At the lower limits of the city this narrow valley opens out on a plain, extending beyond the range of vision. This plain is under the highest state of cultivation, and owing to the tortuous course of the river is very accessible to its benefits. This assemblage of mountains, valley, and river, can be seen in "bird's-eye views" from any of the neighboring peaks, and is altogether the most charming natural *picture* that it has ever been my good fortune to witness elsewhere. Heidelberg has a population of 16,000 *humans*, and because of its being a popular resort for pleasure and sight-seeing, one finds almost every nation and tongue represented, particularly in public places. Its claims to antiquity crop out here and there in the architecture of olden times, represented by a few buildings that were spared by the incendiaries under Gen. Medoc, who led the French against it in 1693—Louis XIV. time. Among these reminiscences that were spared was a portion of the feudal castle, situated on the mountain side just above the city. It contains many curious relics of the past, such as old pictures, mostly representing Saints, or "God's anointed" tyrants, implements of warfare, and last, though not least, the famous old wine cask, 30 feet long and 28 feet in diameter, and capable of containing 300,000 bottles of wine. I did not take much interest in that "barrel," because it is quite empty now, and the bung hole does not even smell of the ghosts of good drinks that it once afforded.

The University, founded A.D. 1386, under the Elector Rupert III., is one of the most celebrated in Europe, consequently is the resort of students from all parts of the world. The usual number in attendance is about 800. They are for the most part jolly, rollicking looking fellows. I learned that their principal recreation is fighting duels with swords, and, owing to this, one may pick them out on the streets by the variegated scars on their faces. The above remark is only true of the seniors, the juniors (or "fuchses or foxes") have to bide their time for this badge of honor. One would look upon this custom as rather risky, until informed that every part of the body is protected by a coat of mail, excepting the cheeks. The eyes are covered by a pair of huge iron spectacles. A Sioux Indian is not prouder of a white man's scalp than one of these young rascals of his numerous cheek gashes—the fresher the better.

From force of habit, or because I understand it best, the medical department has most charms for me, in which I had the extreme pleasure of meeting my former pupil and friend, Dr. Samuel Cole, of Chicago, for whose kind attentions and valuable aid I am much indebted. Although young, the Doctor is already quite ripe in medical and surgical lore, having graduated at Rush Medical College, attended one year at Bellevue, one year in Paris, and already six months in this city. He informed me that he considers this institution much to be preferred to any other that he has visited, mainly because of the thorough method pursued in giving clinical instruction, which method, as I have learned by observation, is about as follows, viz.: The Clinical Professor selects in rotation each morning a different member of his class, who is directed to make the clinical examinations, embracing diagnosis, pathology, prognosis, etc., the teacher correcting all mistakes at the time. Of course this plan can only be pursued with a limited number of students, but, circumstances per-

mitting, it is certainly very practical. The young men who enjoy these privileges are advanced students or graduates. Could not a similar plan be adopted in Rush Medical College for advanced students and young graduates, as an institution independent of the regular course of instruction, and made an appendage of the Dispensary? I send you a synopsis of a clinical lecture by the celebrated Prof. Friedrich, (Lec. on Theory and Practice,) as an example of the painstaking plan of examining cases for the instruction of student, and this is true of all the departments. In the above case, Prof. F. caused his selected pupil to repeat the anatomy of the entire nervous system at the base of the brain in arriving at an accurate diagnosis. Prof. Knapp, in his Eye Clinic, pursues the same severe analytical course, causing the pupil whose "turn it is," to hobble on before him, always holding himself in readiness to correct mistakes or to elucidate obscure points.

Owing to the poverty of the masses in this country there is always an abundance of clinical material, consequently their large hospital is always well filled with every variety of disease. I am aware that "comparisons are odious," but must, nevertheless, indulge somewhat respecting our surgery and theirs. For example, in the treatment of hip-joint disease, they make use of an immovable apparatus, consisting of a plaster of Paris case, which embraces both hips and the affected thigh, provided with convenient openings for the escape of excreta and pus, in imitation of "Bauer's wire breeches." It is true this partially fulfills the indications of "mechanical and physiological rest," but the most important indication is unfulfilled, which is the separation of the joint surfaces by extension and counter extension, thereby counteracting the mischievous effects of the ever contracting muscles, at the same time (as in the use of Taylor's or Davis' elegant splints,) rendering it expedient for the patient to go about and receive the benefits of open air, moreover, offering the additional advantage of avoiding subsequent anchylosis. I had occasion to observe the same plan of treatment in caries of the knee and elbow, which must necessarily result in true anchylosis, if the cases happen to terminate so fortunately, in these merciless vices of plaster. The fact is, these Europeans could learn something regarding mechanical surgical treatment by coming to the United States, for in this department we are far in advance of them, while I am ready to acknowledge that in most purely scientific departments we must concede an inferiority, not that our endowments for scientific research are inferior, but time is too valuable with us to spend it in the comparative anatomy of the "germinal spot" of the egg of an itch-mite.

Their plastic operations excel in neatness of execution and success anything I have seen elsewhere, and one may add that their surgical operations generally exhibit a great deal of skill. Weber, the surgeon, and a man of much eminence, died a few days since of diphtheria. His handiwork still adorns the hospital, in the form of plastic operations, resections, etc. Prof. Heine—a man of less celebrity, but perhaps of equal skill, fills his place until the regular appointment is made.

Heidelberg is the home of the celebrated surgeon, Chelius, (the author of Chelius' Surgery,) to whom I had the pleasure of an introduction. He is quite

aged, being upwards of 80 years, and has retired from the profession, although still possessed of an active mind. He spoke very feelingly of Mott, for whom he seems to have entertained much respect. When I mentioned Brainard's death, he quickly signified that he was aware of it, and commenced conversing about his improvement in the treatment of ununited fractures, for which he gives him much credit.

Dear Doctor, I do not think I will be home before the last of October, as I have so much laid out to accomplish that it will consume all that time and more. I have not heard a word about the College since leaving home, but expect a letter from you hourly, in which I expect to find all the news I desire. Neither have I received the MEDICAL JOURNAL that you promised. Please send it along. I expect to go to Tübingen in a few days, in order to visit their medical school, when you will hear from me again, if I can gather anything of interest.

Respecting ourselves, we are all enjoying excellent health, and enjoy the city of our temporary adoption. My letter, you will notice, was commenced at Heidelberg, but it has been completed at home. I do not think there is anything in it worth publication, unless it may be a little account of the medical school, and you must be the judge of that.

Please present my kind regards to the Faculty.

Sincerely, your friend, J. W. FREER.

Prof. J. ADAMS ALLEN, Chicago.

P.S.—Our address is now 52 Neckar street, Stuttgart, Wurtemberg, Germany.

J. W. F.

HEIDELBERG, Germany, July 18th, 1867.

TO THE EDITOR OF THE CHICAGO MEDICAL JOURNAL:—

Dear Sir:—A graduate of Rush Medical College will always look back with pride and pleasure to the good old days passed in the pursuit of science, in the halls of his beloved *alma mater*. With such feelings, I now offer to you, for publication in your admirable journal, the report of a case which has been of considerable interest to me, hoping that, at least, it will not be unacceptable to your readers:—

N. B., *æt.* 63, entered the hospital June 24, 1867. He dates his disease back fifteen years. He had been a laboring man. Fifteen years ago, he commenced to feel occasional drawing pains, periodical in their return. From this time he began to lose flesh, and now is so emaciated as to present the appearance of a real living skeleton. He entered the hospital on account of swelling of the lower extremities and difficulty of swallowing.

About three weeks ago, he began to feel great difficulty in breathing and coughed, expectorating mucus. At about the same time, he vomited about 1½ pints of blood, followed by bile. The appetite is good and the digestion perfect, at present. This sudden hæmatemesis was probably due to ulcer of the stomach, and has but little bearing on the case. The œdema of the lower extremities appears to be owing to passive venous congestion, the veins having lost the support of the muscles, and thus, one of the most important conditions of a perfect venous circulation, namely, the contraction of the muscles, being removed. That it was due to a passive venous congestion is demonstrated by the fact of its disappearance after the patient had retained the recumbent posture for a few days.

The difficulty of breathing is caused by atrophy of the intercostals, the lungs being in a healthy condition. Heart normal; bowels constipated; urine normal. The dysphagia is extreme, the patient being totally unable to swallow solid food. The morsel remains in the œsophagus, or, rather, in the pharynx, excites a paroxysm of coughing, and is again regurgitated. Liquids still pass, but with difficulty. This dysphagia is ascribed to atrophy of the constrictors of the pharynx and œsophagus. On first inspecting the patient, one is struck with the emaciated appearance he presents. The muscles are *all* atrophied and *some* have disappeared. The arm and thigh are comparatively unaffected; the strength, in a measure, being preserved. I say comparatively, for they are not of the size and strength of those of an adult. The hands and feet, legs and forearm are greatly emaciated, and *here* the extensor muscles have suffered most. The balls of the thumbs have entirely disappeared, and no trace is to be found of the lumbricales and interossei. The fingers are bent so as to resemble claws, and the patient is unable to straighten them, or to retain them so when extended for him. The flexors are not so much affected; they outbalance the extensors, and thus the fingers are permanently flexed. The extensor communis digitorum, the abductor pollicis, and the muscles of the forearm and hand are all atrophied. The legs and feet present similar lesions. The flexors

suffer here much more than in the upper extremities, the abductors being better preserved. The foot is drawn into the position of talipes varus, the patient walking on the outer border. There is no pyrexia; integument moist; pulse 72; respiration 24. The liver is normal in size, and offers no clue to any pathological change. The spleen is not enlarged, and were it not for this atrophy of the muscles, the patient would consider himself entirely well. I need not add that the face presents the same emaciated appearance as the rest of the body. The diagnosis of progressive muscular atrophy being arrived at, the following treatment was instituted:—At 8 A.M., milk; at 10 A.M., broth; at 1 P.M., egg-soup and boiled meat; at 4 P.M., coffee; at 7 P.M., egg-soup and meat. A placebo of tr. gentiani is administered four times a day.

That the prognosis is unfavorable will not surprise anybody; but that the disease should be inevitably mortal, is a conclusion in which I, for one, do not readily acquiesce. The only symptom of any gravity in the history of this case, is the hæmatemesis. This, however, seems to have been merely a symptom of some other affection, such as trauma of the pharynx or œsophagus, accidental congestion of the gastric mucous membrane, or chronic ulcer of the stomach, therefore I will leave it entirely out of the question.

That muscular tissue, after having undergone fatty degeneration, should be replaced or restored, no one will imagine. Virchow, in his able work on cellular pathology, has fully demonstrated this. To that form of fatty degeneration in which the fibrillæ themselves are softened and destroyed, he applies the term *necrobiosis*. When muscles are attacked by this form of degeneration, there is no hope of their ever again being restored to their original volume and activity, as the ultimate fibres, the fusiform cells themselves, are involved. If this were to occur suddenly, if this myomalacia were an acute process, the physician would be justified in folding his arms and doing nothing.

If the old muscle cannot be reproduced, if new muscle cannot be developed, must we allow the disease to *extend* during a

period of fifteen years, to the whole muscular system? That the atrophy cannot be checked by milk and broth, egg-soup and a little tr. gentiani, is evident. What would be the result of passive exercise, electricity, beefsteaks, egg-noggs, and cod-liver oil, combined with exercise in the open air? Would a man in a state of perfect health retain his muscles in a healthy condition if kept indoors and in bed, with milk and broth for his diet? Is it reasonable to suppose that a treatment which produces atrophy in healthy muscle will check it in diseased? In these cases we have too long been accustomed to do nothing, probably on account of their rarity and chronicity. In fact, it is not long since we have understood them.

This disease was formerly described as a progressive muscular paralysis. Van Swieten was the first pathologist to correct this error. Chas. Bell and Abercrombie have reported cases. The former attributed it to nerve influence, so that when Cruveilher, in 1853, discovered that the nerves were really atrophied, he was convinced, and declared that the muscular atrophy was caused by defective innervation. Prof. Oppenheimer, of Heidelberg, shortly after, proved this theory to be utterly erroneous, the *nerve* atrophy being consequent upon the *muscular*. But Virchow gives the most lucid description. He makes a distinction between *necrobiosis*, in which the sarcous elements themselves are the seat of the disease, and *fatty degeneration proper*, in which the connective tissue is the part affected. And thus, we may at present consider ourselves acquainted with the pathology of this interesting process.

But I have already encroached too much upon your valuable space; I leave the further consideration of this subject, expecting before long to learn that some method of treatment has been devised and found adequate.

Yours, most respectfully,

SAM'L COLE, M.D.

19 Grossemandelgasse, Heidelberg, Baden.

Editorial.

Meeting of the Alumni of Rush Medical College.

The enthusiastic response to the suggestion of a reunion of the Alumni of Rush Medical College, on the occasion of the opening of the new college building, has warranted those having the matter in charge to announce formally the time and place of meeting.

The Alumni will meet at the lower lecture-room of the new college, corner of Dearborn and Indiana Streets, Wednesday, October 2d, ensuing, at 10½ o'clock A.M. A society of the Alumni will then be formed.

The Twenty-Fifth Annual Session of the College will be introduced at 7½ P.M., by an address from Moses Gunn, A.M., M.D., Professor of Surgery, and the exercises closed by ceremonies of a social and festive character.

The JOURNAL does not hesitate to say that the Alumni of the College, practitioners and students, will be welcomed to the most magnificent lecture-rooms on the continent, by warm hearts and cordial greetings. Old friendships will be revived and strengthened, and new ones formed. It is intended that the new college shall be a Mecca, to which, year by year, the Alumni of "Old Rush" shall gladly come up to assist in welding new links in the professional chain, infinitely stronger than the cold-blooded Trades-Unions, which some think the only bond of professional union. Come one—come all.

Women-Doctors.

The following note explains itself. At the same time, we acknowledge the receipt of a Boston circular, to a similar effect:

"TO THE EDITOR,

"*Dear Sir:*—Will you kindly insert the following in your paper, and aid a worthy cause?

"The New York Medical College for Women will begin their Fifth Annual Term, of 20 weeks, at the College in 12th Street, two doors east of Fourth Avenue, the first Monday in November. Address the Dean, Mrs. C. S. Lozier, M.D., 361 West

34th Street, N.Y., or the Secretary, Mrs. C. F. Wells, care of Fowler & Wells, N.Y."

It is in vain to protest against this thing, absurd as it clearly is. In this age, the greater the absurdity, the more strenuous its defence. The JOURNAL waives discussion.

To Subscribers.

Bills have been sent, as per published rates, to all subscribers who have not paid in advance for the JOURNAL. Mistakes will be cheerfully rectified, when pointed out, and full faith always given to the statements of our patrons. The books have been placed in the hands of a thoroughly competent bookkeeper, and order is rising from the chaos in which the present editor found affairs on remounting the tripod. Upon the conclusion of the *Endoscope*, space will be found in each number for a careful digest of current medical news, abstracts, items, etc. Lack of space has temporarily prevented the insertion of this chapter, which, hereafter, we hope to make one of large interest to our readers.

Cincinnati Changes.

Prof. E. S. Conner has resigned his position in the Cincinnati Medical School, to accept the Chair of Medical Chemistry and Physics in the Ohio Medical College.

Dr. D. S. Young has been appointed Professor of Surgery in the Cincinnati Medical College. Our correspondent in Cincinnati speaks of both these gentlemen in complimentary terms.

George K. Amerman, M.D.

At a meeting of the Chicago Medical Society, held at the Court House, June 28, Dr. J. P. Ross announced to the Society that a brother member, Dr. GEORGE K. AMERMAN, had departed this life, at Marcellus, N. Y., June 20, 1867. For nearly two years his health had been failing, and in April he had abandoned the practice of his profession, going home to die of consumption. Dr. Ross moved the appointment of a committee to prepare a series of resolutions appropriate to this sorrowful occasion. The motion having prevailed, the following gentlemen were appointed by the Chairman: Drs. Ross,

Holmes, Bevan, Heydock, and Marguerat. They reported as follows:

Having been informed of the death of their associate, George K. Amerman, M.D., the members of the Chicago Medical Society desire to testify for the deceased their respect, and their feelings of personal loss by these resolutions:

First. That in this affliction we lament the death of one who, long identified with our community, though young in years, was old in professional renown. A man whose life was a career of brilliant success, a Christian in deed, as well as in name, at the height of his reputation, he has now received the crown of immortality.

Second. That to the members of our profession we earnestly commend the example afforded by the life of our departed associate.

Third. That to the surviving relatives of our beloved friend we tender this expression of our sympathy in view of their bereavement, ever desiring with them to bow in humble acknowledgment of the almighty power of that God in whose hand are the issues of life and of death.

Fourth. That a copy of these resolutions be furnished to the relatives of the deceased, and to the medical journals and daily newspapers of the city.

The report of the Committee was accepted.

Dr. Ross then read a technical history of the last illness of the departed brother.

Dr. J. R. Gore, who had known Dr. AMERMAN from infancy, being invited to address the Society, proceeded to relate the following interesting facts concerning his friend:

At the time of his death Dr. Amerman was in his thirty-fifth year. The son of a rural farmer in Central New York, his boyhood was distinguished by fondness for study, and by disinclination to the drudgery of farm work. He was obedient and kind, but *good for nothing* on the farm. He early manifested a passion for teaching, and at the age of sixteen his only ambition was to become a school-teacher. His father, however, proposed that he should study medicine. To this he consented. Placed under the guidance of Dr. Gore, then a practicing physician in Owasco, N. Y., he pledged himself to pursue the study of medicine, subject to the direction of his preceptor, for five years before attempting to commence its practice. He accordingly attended three courses of lectures in the University Medical College of New York, graduating with honor in the spring of 1854. Still acting under the guidance of his preceptor, he secured a position for one year on the resident medical staff of Bellevue Hospital. The next year he became a member of the resident surgical staff of the same hospital. There, in the enjoyment of the friendship and confidence of the most distinguished physicians and surgeons of New York City, Dr. Amerman completed the fifth year of his course of study. At once received into partnership by his former preceptor, and removing to Chicago, he commenced the practice of his profession in 1856. He was appointed Surgeon to the Illinois Central Railroad, an office which he filled with great credit until the time of his death. He was also one of the Surgeons to the City Hospital, until that institution was closed during the war, and was the leading spirit in the surgical staff of the County Hospital from the time of its renovation until failing health compelled him to surrender his large and lucrative practice.

After listening to the remarks of different gentlemen who united in eulogizing the memory of the deceased, the resolutions were adopted, and the Society adjourned.

J. P. ROSS, M.D., President.

HENRY M. LYMAN, M.D., Secretary.

ACTION OF THE HOSPITAL BOARD.

At a meeting of the Medical Board of the County Hospital, Chicago, to take action on the death of Dr. GEORGE K. AMERMAN, the following resolutions were adopted:

Resolved, That the members of this Board have heard, with feelings of the deepest sorrow, the death of their colleague, Dr. Amerman, and desire to put on record their high appreciation of him as a gentleman and a surgeon.

Resolved, That in his death the staff of this Hospital has lost a most efficient member, and one most intimately identified with its best interests; that the profession at large has lost one of its brightest ornaments, and our community a most valuable cltizen.

Resolved, That we believe his death was the result of too arduous devotion to his chosen calling, and that he has added another to that long list of glorious martyrs who have given up their lives in the cause of suffering humanity.

Resolved, That a copy of these resolutions be sent to his friends at the East, and to the public journals.

R. C. HAMILL, M.D.,
J. P. ROSS, M.D.,
H. W. JONES, M.D.,
THOS. BEVAN, M.D.,
J. R. GORE, M.D.,
H. A. JOHNSON, M.D.,
R. G. BOGUE, M.D.,
CHARLES G. SMITH, M.D.,
H. M. LYMAN, M.D.,
J. S. HILDRETH, M.D.

Erratum.

Our attention has been called to a typographical error in the June No. of the JOURNAL. The article on "Ovariotomy" was contributed by S. D. Jacobson, M.D., and not *Jackson*, as the types made it.

Crowded Out.

The article by Dr. Hutchins, our Philadelphia correspondent, is unfortunately crowded out of the present number. Will appear next month.

Books and Pamphlets Received.

The Physiology and Pathology of the Mind. By HENRY MAUDSLEY, M.D., Lond., etc., etc. New York: D. Appleton & Co., 443 & 445 Broodway. 1867. pp. 442.

A beautifully printed book, on tinted paper, in the publishers' best style. A work of profound thought and erudition, which we cordially commend to the careful perusal of all thinking and reading physicians.

A Treatise on Human Physiology; Designed for the use of Students and Practitioners of Medicine. By JOHN C. DALTON, M.D., etc., etc. Fourth Edition, revised and enlarged.

With two hundred and seventy-four Illustrations. Philadelphia: Henry C. Lea. 1867. pp. 695.

The present edition of this now standard work fully sustains the high reputation of its accomplished author. It is not merely a reprint, but has been faithfully revised and enriched by such additions as the progress of physiology has rendered desirable. Taken as a whole, it is unquestionably the most reliable and useful treatise on the subject that has been issued from the American press.

Dr. McDowell's Letter to the Assembly of Teachers at Cincinnati, Ohio, 1867. St. Louis: P. M. Pinckard & Co., Nos. 508 & 510 Pine St. 1867.

Pepper, salt, and mustard on excoriated backs. A pamphlet which proves that its eccentric author, although "chock-full" of quips, cranks, and prejudices, and particularly liable to "go off half-cocked," at all events has not a particle of humbug in his composition, nor will he put up with it in any wise. His own idea, that the action of the "Assembly of Teachers" was in the nature of a sectional attack on the South-West, is simply absurd. The majority of Northern and Western teachers entertain no such foolish prejudices as he attributes to them.

Personally, we look upon the proceedings of that "Assembly" as but a shallow device to galvanize sundry moribund schools into a semblance of vitality; to make more places for little men, anxious for position; and, particularly, to keep up the somewhat stale notoriety of sundry seedy parties who "live and move and have their being" (what there is of it) only whilst wriggling down to the footlights of some professional Trades-Union convocation.

Dear Bro. McDowell, the game is scarcely worth the candle.

Angular Curvature of the Spine. By Benjamin Lee, M. D., &c. An excellent brochure which we fervently recommend, as from the perusal of it, we have gained an unaccustomed comfort amid the dreamy platitudes with which we have been afflicted in times gone by. It is not an advertising dodge of some worthless though finical instrument, but a good sound little treatise.

Clinical Instruction at the Chicago Charitable Eye and Ear Infirmary.—During the winter courses of instruction at the medical colleges of Chicago, there will be regular clinical lectures on diseases of the eye at the Infirmary. This institution offers the medical student and practicing physician unusual opportunities for the practical study of diseases of the eye and of their medical and surgical treatment.

During the past year, *five hundred and fifty-five* patients were treated at the Infirmary, of which *eighty-seven* required important surgical operations. An aggregate of *3197* patients have received the benefits of the institution since its organization, nearly ten years since.

There has been an average daily attendance of 26 patients at the infirmary during the past three months.

Dr. Holmes will give special courses on the use of the ophthalmoscope.

The Legislature of the State of Illinois, at its last regular session, appropriated the sum of $10,000, for the support of the poor of the State, during treatment, at the Infirmary for diseases of the eye or ear.

The Legislature of the State of Wisconsin recently appropriated the sum of $500, for the support of Wisconsin soldiers receiving treatment at the Infirmary for diseases of the eye, contracted in the army during the late war.

Trustees—W. L. Newberry, President; P. Carpenter, Vice-President; S. Stone, Secretary; E. B. McCagg, Treasurer; W. H. Brown, William Barry, T. B. Bryan, C. G. Hammond, E. C. Larned, Wesley Munger, E. W. Blatchford, Daniel Goodwin, Jr.

Consulting Surgeons—Prof. J. W. Freer, M.D., Prof. H. A. Johnson, M.D.

Attending Surgeons—E. L. Holmes, M.D., Prof. E. Powell, M.D.

Superintendent—G. Davenport.

Matron—Mrs. Davenport.

(*Continued from page 400.*)

into the perineum hard nodosities, readily felt by the fingers. A No. 5 bougie could be readily passed, with a slight discharge of blood; it was kept *in situ* for about two hours, then, on being withdrawn, the patient urinated somewhat more readily.

5th Jan. A No. 7 bougie is readily introduced, but remains pinched by the coarctation; it was left about two hours. The urinary function is more easy.

6th Jan. The patient is fatigued; he has had no stools since his entrance into the hospital; a bottle of Seidlitz water was ordered. The result was, not large evacuations, slight chills, and pain in the loins. He remains in bed, and takes only a light soup.

7th Jan. Leave him quiet, and give an enema, as follows: ℞. Valerian, gram. 2 (grs. 80), quin. sulph. 1 gram. (grs. 40), laudanum, Rousseau's, 10 gtt., camphor, 2 gram. (80 grs.)

8th Jan. This morning, the patient seeming well, the endoscope was introduced, it showed a retraction of the canal of the normal color; the stylet was passed, the mucous membrane in front of the coarctation was perfectly healthy. He passed the day well. At 3½ P.M., he took an enema of quinine, after having first taken a simple one which brought away much fæcal matter; immediately he was seized with dizziness, palpitation, nausea, cold sweats, vertigo, and ringing in the ears. A few glasses of Seidlitz water and coffee without milk, and the sickness was allayed.

9th. This morning the patient does well; rest is given him. He is purged with a bottle of Seidlitz water, and takes an enema of 10 grs. (50 centigrammes) of the sulphate of quinine. In the evening he experienced the same symptoms as on the previous day, but less decided.

11th and 12th. The injections are repeated, and no return of the sickness; the febrile symptoms have not reappeared. A No. 4 bougie was introduced and left in for two hours. He experienced a pricking sensation in the canal, and some drops of blood came out with the first drops of urine after the withdrawal of the bougie. The flow is somewhat larger.

13th. This day was well passed; the enema was countermanded.

14th. The endoscope was again employed this morning. About 3 P.M, he had an intense chill, faintness, thirst, nausea, and pain in the kidneys; micturition was very painful, and for some hours left a condition of sickness.

15th. He was better. A bougie, No. 21, was introduced as far as the stricture and left for fifteen minutes, for the purpose of decreasing the sensibility of the canal and of dilating the coarctated spongy portion. The evening found him slightly fatigued, the bougie was reintroduced, and the injection discontinued.

16th. Same condition. Seidlitz water.

30th. Every day a large bougie has been introduced as far as the stricture; the general health is good. The endoscope is now applied, and a superior incision made the length and thickness of the coarctation. The discharge of blood is but slight. Immediately after, a No 20 bougie is introduced and fixed; the urine flows, the inconvenience to the patient is slight. In the evening he complains of sharp pains in the part operated upon, radiating towards the anus, but without either chills or fever. An enema of quinine is prescribed. The urine is freely passed, and there is a sero-purulent and somewhat sanguinolent discharge between the sound and meatus.

Feb. 1st. Condition satisfactory; sound withdrawn; bowels costive; tongue white; loss of appetite. Seidlitz water.

2d. Discharge diminished; still some pain in urinating, the flow being neither strong nor rapid, but better than before the operation. There is some suffering in the perineum and in the lower belly. Cataplasms.

5th. A No. 22 bougie introduced and left in place for ten minutes.

6th. Bougie No. 23. In the evening, chills and discomfort.

7th. Pass a smaller bougie and withdraw it immediately. During the day, he experiences slight chills, indisposition, a natural condition, and considerable pain in the parts cut. Injection of quinine.

11th. Each day, a metallic bougie is introduced and at once withdrawn; the urine passes well, but he is fatigued; his eyes are encircled, and almost every day he experiences slight chills.

20th. Sounds of Béniqué, Nos. 30 to 37, successively introduced without difficulty or pain. The condition of the patient, and by his own acknowledgment, is much improved.

22d. Bougies 35 to 41 sufficiently large. The patient complains of nothing, is up, eats heartily, urinates easily and without pain, and may be considered as cured.

Among the accidents which may be the consequence either of stricture or of traumatic lesion of the urethra, but few are more serious or more distressing than urinary fistula. To give their entire history would lead us from our legitimate subject; thus we must be content to confine ourselves to the results of endoscopic aid in their cure.

The usual treatment of urethral fistula consists in the employment of permanent sounds or repeated catheterism, after dilatation. By these means, it is proposed to prevent the flow of urine through the fistula, which most frequently cicatrizes when this secretion does not tend, by its passage, to keep up the abnormal opening. Often it is unnecessary to keep the sound in permanent place, as the fistula may cicatrize as soon as the urethra offers no further obstacle to the flow of urine. Unfortunately, it is not always thus, some of these fistulas remain, though the canal may be perfectly free. This persistence may be owing to the presence of gravel in the fistulous tract, or else to more or less separation of adjacent and subjacent tissues. In such cases, extract the gravel, and cause the adhesion of the separated parts. These are the evident indications to be fulfilled. I have succeeded in curing multiple fistulas by the buttonhole treatment of Syme, being careful to incise each sinus. But this is a grave operation, and, moreover, there are some cases kept up by neither gravel nor by decollement, but by the continuous passage of a few drops of urine. Cauterization of the urinal orifice will not avail, for the urine is introduced from above, and nothing can impede its effect upon cicitrization; or, if the lower orifice should close,

the effusion will soon reopen it. What, then, must we do to cause the closure of these fistulas? What, then, must we do to cause cicatrization. Modify the internal orifice. Cauterization of this orifice furnishes the most proper means to bring about this result, by freshening the parts, bringing about a healthy granulation, and also producing a temporary obliteration of the opening by the swelling of its borders and by the eschar which protects the farther parts of the urethra and permits them to rejoin.

Such are the ideas that induced me to apply, by means of the endoscope, the nitrate of silver to the urethral orifice of stubborn fistulas. The process for doing this is most simple:—

Having, by proper treatment, caused the disappearance of all obstacles to the flow of urine and the passage of the sound, by the aid of the endoscope, we examine the urethra from back forwards, until we find the opening of the fistula. This is sometimes difficult to do, because its edges may touch, or it may be located in the midst of an ulceration, but it may generally be discovered by means of a small violet red spot or one of the color of wine dregs. Often, a stylet or bougie can be introduced into the fistula and will show itself at the end of the endoscope, thus indicating its urethral opening.

In a case now in my service, traumatic in its origin, the orifice was recognized by means of a fungous vegetation, similar to those often found at the external opening of urinary fistulas. Two cauterizations destroyed this vegetation and laid bare the opening. The patient is still under treatment. In this operation, eschars, so far from being feared, must be hoped for, they are necessary. A small pencil of solid nitrate of silver, placed in an appropriate porte, should be used; in the absence of a proper instrument, melt the nitrate upon the end of the endoscopic stylet.

When the orifice of the fistula is discovered, nitrate of silver is to be applied, care being taken not to touch neighboring parts; it is to be left a short time, and efforts made to introduce it into the orifice. When it is thought that sufficient action has accrued, the caustic is to be withdrawn, and, to prevent exces-

sive action upon the neighboring parts, cotton impregnated with marine salt should be introduced, to transform the nitrate into an inoffensive chloride.

After the operation, there is but little pain, rather more, perhaps, than after the application of a solution of nitrate of silver, but still very bearable. The day following the cauterization, the passage of urine through the fistula is generally diminished and sometimes completely checked; yet, for all that, it must not be supposed that the patient is well, though such effects, to my great surprise, I have more than once experienced. The swelling which succeeds the action of the caustic soon subsides, the eschar falls, and the urine recommences to pass. Thus it is necessary to wait for some days so as to give the work of reparation time to set up the recommencement. The urine gradually ceases to pass through the fistulous opening, which ends by drying up (*se tarir*), and the cure is complete.

The following case will show the march of the cure:—

Slight Contraction of the Bulbous Portion—Laceration of the Canal behind the Stricture—Infiltration of Urine—Incision—Fistula—Cauterization of the Urethral Wound—Cure.

D., aged 35, employed upon the railway, married.

His general health good. Before his marriage he had a light blennorrhagia, which lasted fifteen days, and then disappeared, he says, without taking on the chronic form. During the past five or six months, however, he has experienced occasionally, and especially when heated, difficulty in urinating.

On the 6th of July, 1862, while transporting baggage to the cars, a heavy trunk fell upon his left ilio-pectional eminence. He felt considerable pain therefrom, but still continued his work. The next day, the pain continued, and he perceived a small tumor formed upon the course of the left spermatic cord; gradually the surrounding parts became swollen, and micturition difficult and painful. Still this did not impede his work for seven days yet. At length he decided to keep his bed, and called in medical aid. Hip-baths and leeches were ordered; then he came to the hospital.

On his entrance, he could not possibly urinate; he suffered much from this cause and from the tumor, now the size of a hen's egg, vertically elongated, in front of the left inguinal region, now hard and not fluctuating. Catheterism presents no great difficulty and gives issue to much urine, greatly to the relief of the patient.

The marrow, the scrotum, the penis, the left groin, the perineum are the seat of great œdematous swelling. The patient is most anxious; there is pain in the parts; and some febrile symptoms. Four incisions are made, two in the perineum, one in the left scrotum, and one in the groin; thence, came much pus and serosity; the pus without the smell of urine. Cataplasm.

The parts disgorge in proportion to the discharge from the incisions. A few days after, the pus takes on a urinous smell. A sound is left in the bladder. His general condition is excellent; no chills, no fever, and a good appetite.

In a fortnight, two of the incisions are cicatrized; the third requires two months to close; the fourth, situated at the left antero-superior part of the scrotum, remains fistulous, and, when the patient urinates, a portion of the liquid passes through it. He also perceives it in the cataplasm used on the wound. Bougies of Béniqué are passed, from No. 34 to No. 51.

9th Oct. Endoscopic examination, A violet red spot, easy to bleed, is found in the inferior half-circumference of the canal; this spot seems to surround the internal orifice. It is cauterized with a concentrated solution of nitrate of silver, applied by means of a cotton tampon passed through the sound of the endoscope. The permanent sound is withdrawn. The urine, the first time, passes with difficulty and in a scattering stream, but the ensuing day it becomes perfectly natural. The urinary discharge through the wound still continues.

16th. Second cauterization, by means of the solid stick of lunar caustic passed through the sound of the endoscope. During the day, there is a slight hemorrhage; the micturition is properly made about every hour. The discharge by the fistula diminishes in quantity.

23d—30th. The fistulous opening in the canal is again touched with the stick of silver. Metal bougies are passed almost every day. The improvement continues, and, on the *4th Nov.*, the patient is discharged, perfectly cured, the urethral fistula cicatrized, and the urine passes in a full and copious jet.

FIETH LECTURE.

The Prostate.—The Bladder.—Calculi.

GENTLEMEN:—We have now finished the study of the application of the endoscope to the diseases of the urethra; but you doubtless recollect that, in speaking to you of urethral granulations, I omitted those affecting the prostate, deferring their description to a later period. With these, we will commence our lesson to-day.

Ulcerations of the urethra, whether granular, herpetic, or arthritic, present the same characters in the prostatic as in other portions of the canal, only they more readily become fungous, and, consequently, it more often happens their character is masked, and thus it may be more difficult to distinguish them. In such cases, diagnosis must be based upon the progress and other symptoms. We must, however, remark that, most frequently, the endoscope will enable us to distinguish between these ulcerations.

Granular ulcerations in the bulbous and membranous region are, as we have seen, the most frequent cause of stricture, in consequence of the organic changes they cause, and which we have fully examined. In the herpetic region, owing to the different anatomical arrangement, retractions do not occur, as I have before said, but the congestion, the irritation kept up by the granulations, may end in a chronic engorgement of the gland. It might be said of the prostate as it has been of the uterus, that it is not the ulceration which brings about the engorgement, but the engorgement which supports the ulceration. It is certain, that in the prostate, as in the uterine neck, there are ulcerations kept up by organic chronic engorgement; but

study them well, and you will find that these ulcerations, which increase and decrease, disappear, even under the influence of treatment, and reappear without apparent cause upon the engorged organ, on ulcerations of an herpetic character, which can be as readily distinguished here as in the anterior parts of the urethra, though they possess less mobility. As to the true granular ulcerations, in the prostate as in the bulb, the uterine neck, or the conjunctiva, once cured, they do not reappear without the reapplication of the exciting cause.

There is no particular treatment for this affection, but if it should be necessary to employ special means, it should be to combat certain complications, such as inflammatory symptoms of the parenchyma of the gland, or of certain accidents caused by a swelling of this organ. For the rest, the endoscope gives us the means of attacking, efficaciously, ulceration which is no longer more difficult to cure than in any other region.

We have seen that the chronic inflammatory stricture heals spontaneously at the same time as the granulations which maintain it, but when it arrives at a certain point, whilst the swelling is more or less inflammatory, and the induration is established, it is obstinate in its course, and is the same as engorgement of the prostate.

I have often seen the prostate take on its volume and its functions reëstablish themselves in their normal state, in proportion as the granulations yield to to treatment. Thus, in the prostate as in the rest of the canal, the granulations have the same character, the same progress, and yield to the same treatment; they act through a mechanism analogous to the mucous and the subjacent tissues. But here the analogies end, for the effects produced are not the same. So long as the contraction is almost exclusively due to the granulations, the engorgement of the prostate is well known to arise from other causes. They appear more frequently to arise from arthritic and herpetic diathesis, from scrofula than from hygienic influences whose actions are universally known. Of all the causes resulting from affections differing in their nature, but the symptomatic expression of which is somewhat identical, it is almost impossi-

ble to-day to arrive at a diagnosis with anything like certainty. We only hope that, with the era of endoscopic observations, we shall be able to elucidate the subject now so obscure to science. Already, the endoscope has permitted us to perceive the engorgements due to granulations. In the scrofulous engorgements with ulcerations, it gives also some positive characteristics.

In effect, when these ulcerations remain for some time, they go beyond the limits of the mucous, and then, in place of a superficial denudation, the endoscope reveals to us a true ulcer, deep and ragged, presenting, in a word, the appearance of a strumous ulcer.

We had, at the commencement of the year, in our ward, a patient afflicted with strumous ulceration and tubercles of the prostate, with urinary fistula of the same nature, upon which these characters grew more and more distinct in proportion as the lesion progressed. This man left us, thinking he could find elsewhere a cure, which he despaired of obtaining with us. In the case of this gentleman, you are well aware that the therapeutic treatment is very limited, but, however, it will be in our power, thanks to the endoscope, to convey to these deep-seated lesions the same topical treatment which we have known by expesience to act favorably upon lesions of the same nature in exterior organs.

A consequence attending fixed ulcerations in the prostatic regions of the urethra, which oftentimes injures the patient, are seminal losses. It happens oftentimes that they constitute a constant symptom, or even become habitual, in fact, they return with sufficient frequence to merit special attention; but so much the more, without having exaggerated the importance which we have attributed to them, we can but arrive at the conclusion that they may become exceedingly grave. But, whilst they derive their existence from the ulcerations, they seem to disappear of themselves, or by simple means after the recovery.

This lesion may return under two forms, one, which can be attributed to the irritation of the orifices of the ejaculatory canals, accompanied by lively sensations, and often by profound

pains of the perineum; the other, which appears atonic, comes on with little sensation, sometimes in sleep, without the knowledge of the patient, and without awaking him; whilst he is awake, if the patient wishes to accomplish his virile functions, the least excitation will bring on the emission, and, as M. Trousseau has said in his lectures, it can but result in a sort of impotence, to which we ought to give the name of "spermatic incontinence."

In the one or in the other case, but oftentimes in the first, the semen which the patient loses is often mixed with blood, which proves the existence of the ulceration. This symptom may appear equally in all ulcerations, but above all in granular ulcerations; the losses which accompany tuberculous ulcerations appear more frequently from the atonic form; those which proceed from herpetic ulcerations are less obstinate than the others.

Apropos to this subject, another very similar symptom presents itself, which very much surprises and astonishes him who experiences it: the patient, in his sleep, experiences all the sensations of a nocturnal pollution, he awakes, and, with astonishment, perceives that no liquid has been emitted.

The idea which naturally presents itself, is that of a deviation of the ejaculatory canals which directs the sperm towards the bladder; but without taking into account the disorders which it is necessary to admit must arise from a displacement or deviation of the ejaculatory canals, the patients which I have had under my observation formerly, from normal ejaculations and elsewhere, the most minute microscopical researches do not show any trace of spermatozoa in the urine. There had been then, in the few cases that I have observed, a false sensation, a sensation without an emission.

This phenomenon is not, like the rest, a certain index of a prostatic affection, for I have seen healthy men, perfectly well, from this country in particular, who had experienced it; only in these cases it did not return or renew itself, as in the case of the patients.

A symptom oftentimes more rare, and which I have seen

alike upon patients affected with granular ulcerations of the prostate, is a sensation analogous to that which accompanies coition, a sensation which becomes, for the moment, painful, or, as a patient said to me, "a voluptuous pain," which endures without interruption during the entire coitus, and oftentimes for weeks, and horribly fatigues those who endure it. In the two patients who presented this symptom in the highest degree, it was accompanied by a pain sufficiently sharp that the patient located it at a certain point in the neck of the bladder. These two cases prove, beyond doubt, some nervous affections which have a great resemblance to hysteria. The one most gravely affected, of my two patients, had become a melancholy hypochondriac and had given serious uneasiness to his friends, and distinguished physicians had attributed the entire affection to a nervous disease.

In these patients, the prostatic region presented a granular ulceration; one of them, cured of granulations, was at the same time embarrassed with pains and all the other symptoms which attend an old catarrh of the bladder. The other patient, cured of his granular ulceration, preserved his fixed pain, which he said had its seat at the left of the opening of the urethra into the bladder, at a point where the canal is continued with the vesical cavity. He entreated me always to pay particular attention to this point, assuring me that I should find there the cause of his difficulty. In fact, when I commenced, after having emptied the bladder, to examine minutely the border of the orifice of the urethra, I discovered to the left a small, well-marked, red ulceration as large as the head of a large pin, which resembled a small fissure. I touched it with a small crayon of nitrate of silver, the pains disappeared almost immediately, obscured by the pain of the cauterization, and did not reappear; the patient became perfectly calm. The patient returned twice, at somewhat long intervals, for his pains had revived, and the same treatment allayed them. For many months, the patient appeared to me to be cured. I met him from time to time, he did not speak of his difficulty, but from his exterior or general appearance, I am inclined to think that

this melancholy hypochondriac is completely cured, as also the lesion which produced it. I do not know in what class of diseases to place the cases of these two men.

We have seen seminal losses caused by the ulceration of the prostatic region of the urethra, but it is not necessary to believe that they always arise from this cause, for they may originate from diseases of different nature and often remote or distinct from the genital organs.

In the enumeration which we have made of diseases of the prostatic portion of the urethra, we have not spoken of cancer, because it determines beyond doubt some symptoms which report themselves from the bladder, and which cannot be relieved or cured without attention to this organ. We will, therefore, return to this organ at once and speak of affections of the bladder, and, above all, of those which pertain to the neck of this organ. We will now occupy ourselves, gentlemen, with an endoscopic exploration of the bladder, and, as we did with the urethra, we will commence by the study of its healthy condition.

In order to examine the bladder with an open sound, like those which we used for the urethra, it will be necessary to clear it, for if the extremity of the sound becomes clogged with mucus it will be impossible to proceed into the cavity of the organ, in order to explore all the points. It is necessary then that the bladder be full at the moment of exploration, and, in consequence, we must employ a sound which will stop the flow of urine and, at the same time, allow the rays of light to pass in.

This sound presents the same form as the urethral, but it has not a lateral opening, and terminates by a little prolongment around the end, which separates itself at an obtuse angle; in a manner, it resembles, in its general form, the prostatic sound of M. Mercier, the introduction of which is so easy, as we have said, especially when there is a swelling of the prostate. At the angle of reunion of the two branches, the sound is pierced in the axis of the long branch by an oblique opening, closed by a little plate of glass with faucets, plain and parallel, carefully and solidly set in with mastic. It is this glass which retains

the liquid and allows the light to pass through; it should be oblique, because if it was perpendicular to the axis of the tube, it would be less clear before the vesical cavity than the interior of the instrument, it would make a mirror and reflect the illuminated points situated in front of it, and prevent from distinguishing points situated beyond it. Thus, also, at night, when we direct a strong light towards the outside of a window, we see in the glass, as in a mirror, the inside of the apartment, whilst the exterior appears entirely obscure.

The extremity of the small branch of the sound can be screwed on, so as to facilitate the cleaning of the interior face of the glass, this, however, is rarely necessary. We must be careful that the small addition be always well screwed on, so as not to let the liquid pass through it, for the smallest drop in the interior of the sound will interfere with the rays of light. You will easily understand, gentlemen, that if the bladder should contain a turbid liquid it will be impossible to distinguish anything of its interior structure, whilst it is diseased it is rarely that the urine is not made turbid by mucus, pus, or blood, and often by these three liquids mixed in various proportions, it will then be necessary to empty the bladder by the aid of an ordinary sound, which will serve also for the purpose of injections, so that it may be washed out.

When the water of the injections becomes very clear, then we may withdraw the ordinary sound and replace it with the "sonde a vern" which we have just described. Upon this sound we shall place the apparatus, which we have described in our first lesson, and shall then commence to examine. In an open or clear bladder, there is nothing to constrain the movements of the instrument, we can thus explore the smallest part of the internal surface of this organ, even to the border of the prostate, the vesical triangle, and the superior and inferior fundus. The anterior face escapes the examination; I have essayed to make this accessible, by means of a mirror placed at the extremity of the long portion of the sound, in front of the lateral opening, but the clearness not being sufficient, the field of vision is considerably curtailed, and, in fact, the result

amounts to nothing. I have not yet, however, renounced the hope of being successful, but, for the present, we must content ourselves with examiuing that portion which is accessible to us, then, by a happy coincidence, this portion is precisely the one which is most often diseased, and that which escapes our examination very seldom offers anything of interest.

We shall now learn, through the endoscope, the physiological condition of the bladder. The mucous membrane of the bladder presents a healthy and smooth surface, and a color analogous to that of the urethra, but ordinarily a little more pale, it is of a yellowish white, slightly rose tinted.

In certain subjects it presents, here and there, a number of superficial vessels, very minute, which are seen to appear at different points, and ramifying themselves, take very tortuous courses. Very often, these vessels are not seen in a bladder well filled, and one cannot perceive in the points which present themselves in the field of the instrument, that the surface is smooth and the color uniform. The only particularity that we have noted is, that we can reconnoitre, whilst it exists, the transverse angle or point which limits the "trigonus vesicale" from behind, and extends between the orifices of the two ureters. In regard to the size of these orifices, I have not cared to speak to you, because it is unnecessary.

In order to examine the urethral orifice, it is necessary to withdraw the sound as far as where the glass commences to reënter the urethra, then we commence to perceive the inferior part of the visual field, the border of the prostate, under the form of a small crossing from the superior concavity. This part is habitually more red than the vesical mucous membrane, and as the border which it forms intercepts the rays of light, the surface of the bladder oftentimes appears of a deeper color.

If we carry the extremity of the sound to the right or left, we can follow the contour of the urethral orifice; but, as in a moment, one loses the borders of this orifice, at the same time that it passes away, in place of appearing circular, its contour forms a crook, elongated transversely. But the state of health as we pass to the disease, commencing with the case which ap-

proaches least to a normal state, we shall find the borders of the organ anæmic and the congestion characteristic, the one by its pallor, the other by the redness of the membrane, in which the vessels become oftentimes more apparent. I have encountered the anæmic pallor in chlorotics or very feeble patients, and oftentimes in some cases of neuralgia of the bladder in chlorotic or debilitated subjects, the dilatation of the capillary vessels, with or without redness of the mucous membrane; sometimes, likewise, they detach themselves upon the healthy membrane, and oftentimes it is the only lesion which the endoscope shows in patients affected with hematuria, without calculi or organic affections. In this case, we often diagnose varices of the neck. They perhaps exist sometimes, but more frequent from my observations, already sufficiently numerous if one can suppose that the blood be furnished by the varices. There are some capillary varices which extend themselves over the entire membrane, or at least a great part of it.

Without these vascular dilatations in the case of hematuria, we encounter, sometimes, some ecchymoses of the membrane, sometimes considerably large and irregular, sometimes small and lenticular. I have observed, in two cases of scorbutic hematuria, that the color somewhat resembled a violet tint. I shall reapproach these light affections, grave without doubt, but more so in appearance than reality, the diagnosis of which would be difficult without the aid of the sight.

We shall meet with subjects which are taken, it may be in full health, or it may be in the course of some light affection or habit of the urinary functions, with violent pains of the neck of the bladder, with vesical tenesmus, hematuria, retention of urine, more or less complete; these symptoms, after a variable duration, subside rapidly, sometimes suddenly, but often they return at intervals more or less in length.

With like symptoms, and in spite of their complete subsidence, for sometimes there is no rest between the attacks, it is difficult not to believe that probably a grave and organic disease of the bladder exists, then whilst we cannot diagnose any tumor by catheterism. I have often known given, and I myself

have held, in similar cases, an unlucky diagnosis. It is difficult to avoid it with the ordinary means of diagnosis; but apply the endoscope, examine the bladder with care, and you will find an exaggerated development of the capillary vessels of the mucous membrane.

Whilst I have had occasion to observe some cases of this kind, it was upon patients subject to attacks of gout and rheumatism, and some vesical affections so closely resemble arthritic affections that I have been almost obliged to attribute them to the same cause, and as I regard this abnormal dilatation of the capillary vessels as one of the effects of arthritis, for the same reason that the capillary varices of the inferior members and of some other parts of the tegumentary system.

After the congestion of the mucous membrane, we arrive naturally at its inflammation. Acute cystitis cannot exist without danger or without pain, it cannot result in any advantage to the sick to practice an exploration by the aid of the endoscope, but if it be only chronic cystitis or sub-acute, and of that which accompanies the presence of calculi in the bladder, then it is practicable to examine without danger, and with utility, and to make an exact diagnosis of the lesion. In the first degree, we find a general redness with development of the vessels, which are oftentimes more numerous but less dilated than in the affections of which we have spoken.

In a degree more advanced, the redness of the mucus is more intense, and we cease to distinguish the vessels which are confounded in the general well-grounded tint. So that, in certain chronic cystitis, for a long time there is a general ramollissement of the mucous membrane which has lost its epithelium, and the surface of which has become uneven, rugged; in the autopsy we find it black, in consequence of the alteration which, after sudden death takes place in the gorged bloodvessels. In this case, it is often difficult to separate the bladder from the pus that it contains, and of which the thickest part rests adherent to the ulcerated surfaces, but if you proceed to fill the organ with limpid water, you will find the membrane of a deep red in places, and presenting the same rugged aspect that we see in

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Original Contributions.

THE RELATION OF THE PHYSICIAN TO THE PURITY OF THE ARTICLES USED IN PRESCRIPTIONS.

There is in existence a work, entitled the "United States Dispensatory," which is assumed to be the standard upon which physicians base their doses of remedies, and from which the dispenser derives his formulæ for the manufacture of the articles prescribed. It contains the elements of chemical manufacture and materia medica, and is the *only guide* which the pharmaceutist of the United States should recognize.

Since the war has brought its heavy taxations, the tendency to adulterate everything, not only in food but also in medicine, has more and more increased. The higher the price, the greater the temptation.

For several years past, we have met in commerce with spirits of nitre of a perfectly limpid, colorless appearance, totally at variance with the description of the pharmacopœia. For instance, this authority says: "it should be a pale yellow volatile liquid, of fragrant, etherial odor, and pungent, aromatic taste. Its officinal gravity is .837, and when heated, by means of a water bath, the sweet spirits of nitre begins to boil at 145°."

Dr. Edward R. Squibb, of New York, has examined samples of commercial spirits of nitre, and found them to contain the nitric ether in the following proportion: four, between 1 and 2 per cent, and one under 1 per cent, while the standard laid down by the U.S.P. says, there should be present at least $4\frac{3}{10}$

per cent. Here we have a sad display of the deficiency of strength in some of these *handsome, clear preparations*, which are sold wholesale over the country.

But the absence of the full proportion of ether is not their only means of adulteration, they can so handsomely balance, with water and alcohol, the specific gravities, that it *shall preserve the specific gravity of the Pharmacopœia* and, perhaps, not have *one-fourth of its remedial agent—the hyponitrous ether—present.* So far, we physicians have to contend, in reference to this one article.

Again, take another article—chloroform. No one article in the Pharmacopœia should be more jealously guarded against adulteration, and yet, on account of the immense amount of material consumed to procure a small amount of chloroform—100 ℔s. of chloride of lime producing but 5 to 6 ℔s. of chloroform; it is subject, also, to adulteration. So very impure is the chloroform that we usually procure from commerce, (excepting that *purified* by Dr. Squibb and Dr. Duffield,) that the United States Dispensatory has placed on the primary list the *chloroformum purificatum.* Dr. Squibb, of New York, has already called the attention of the profession to the danger of using *impure* chloroform, and a pure article made by Dr. Duffield, of Detroit, and tried and used by Prof. Gunn, went begging for purchasers for three years, because it could not be afforded at the price of the impure article.

It will not do for the physician to calculate upon ordinary commercial strengths, as occasionally he may find his prescriptions will be put up with the genuine article and trouble, therefore, will result, as his dose was based not on a strong article, but upon the commercial article. The druggist has become, in our country, a strictly commercial man, discarding, in most cases, science, and operating with drugs solely with an eye to pecuniary profit. There are very few among our Western pharmacists who have ever had a chemical education and who are, therefore, competent to test articles, as regards their purity. How is such a person able to tell whether his Dover's powders are made from opium containing $12\frac{40}{100}$ per cent of

morphia, or from leached opium, containing less than 1 per cent of the alkaloid. Our American law does not recognize a "State Board of Examination," such as exists in Prussia and Bavaria, and before which the apothecary must pass examination before he is recognized as fit for dispensing medicines.

Our sole remedy or control in this matter lies with the physician. It is useless to try and educate a pharmacist *after* he is immersed in business and laden with business cares. He cannot take time then to study up chemical principles and means of detection, and attend to the sales of his store too.

The physician, on the other hand, has a perfect control of this matter; he sees very quickly whether the fluid extract verat. viride is doing service in a case of pneumonia or of acute bronchitis, by the reduction of the pulse; he knows whether he is getting the effect of the conium or hyoscyamus, by the state of the patient, dilatation of the pupil, etc. It is a mistaken idea that some physicians have of generosity, in excusing ignorance on the part of druggists, as if this very ignorance detracted from the moral culpability of selling adulterated drugs. It is looked upon as terrible if a patient dies from an *overdose* of medicine—he is poisoned; but should the medicine be not fully up to the requirement of the Pharmacopœia, and the physician, losing time in getting the effects of the medicine, finds the disease has passed from the *critical* state into the *fatal* termination, should not the remedy and its dispenser be held accountable for the death which could have been avoided had the medicine been full strength?

Let the profession wake up to this fact and test in their practice the preparations of the market, take men who are reliable in conscience as well as in science, and compel these apothecaries to reject every inert preparation, substituting those which show their therapeutic power in their hands.

It would not be long before this influence, emanating from the Faculty, would pass beyond the retailer, to the wholesaler, and better classes of goods, drugs of the first quality, could be found in every store, and empiricism and kindred delusions be driven from our midst, and the science of medicine, upheld by

conscientious efforts in her collateral departments, will advance steadily to the goal she is now striving to reach—the amelioration and exaltation of the human race.—[Com.

RETENTION OF URINE FROM STRICTURE--PERINEAL SECTION BY A. J. BAXTER, M.D., CHICAGO--RECOVERY.

Reported by P. Curran, M.D.

George B., *æt.* 35, residing in Chicago, a robust man, of an apparently good constitution, states that 17 years ago he had clap; then used strong injections, and about a year and a-half afterwards felt annoyance from stricture; was treated with bougies with benefit. He had clap several times since.

In the spring of 1867, the stricture became so closed that there was almost an impossibility of passing the least urine. He was 24 hours in this condition, when his state became dangerous and, to him, intolerable. The necessity of an operation being urgent, Dr. MacDonald, his physician, referred him to Dr. Baxter, for the purpose of having the operation of perineal section performed. All agreed as to its necessity. Dr. Baxter, accompanied by Prof. Freer, undertook to perform Syme's operation, as the only thing to be done under the circumstances. Dr. MacDonald administered chloroform, and the writer witnessed the operation. The principal difficulty was the impossibility of passing even the smallest bougie, which might serve for a guide. However, a sound was passed into the urethra, as far as it would go, and then Dr. B. cut through the perineum until he touched the end of the sound, thence he advanced the scalpel along the urethra, being followed by the sound, until he cut through the seat of the stricture. This required no small degree of skill, as he had nothing to guide him but his judgment. The insertion of a bougie through the wound determined the success of the operation. A catheter relieved the bladder, and rescued the man from imminent danger. The patient recovered very rapidly, and is now in perfect health. A No. 8 bougie

passes through the former seat of stricture with comparative ease.

CARBOLIC ACID.

By William Little, M.D., Chicago.

Within the last few years the attention of the medical profession has been frequently called to the antiseptic and therapeutic properties of this peculiar substance. Lest some of the readers of the Journal may not be familiar with it, I will state what carbolic acid really is. It is one of the products of the distillation of coal-tar oil. If a portion of crude coal-tar oil be placed in a retort furnished with a thermometer, and the portion which distils over between the temperatures of 300° and 400° F., collected and mixed with a strong solution of caustic potash, and allowed to stand for some time, a whitish, pasty mass is obtained, which, when acted upon by water, is resolved into a light oil and a heavier alkaline liquid. If the latter be drawn off and neutralized by hydrochloric acid, carbolic acid will be disengaged, in an impure state, in the form of oil. By distilling from chloride of calcium, to remove any remaining particles of water, and exposing the distillate to a low temperature, carbolic acid congeals in the form of long, colorless, prismatic crystals, which melt at 35° C., to an oily liquid, boiling at 180° C., and resembling, in many particulars, creosote. It is deliquescent, attracts moisture from the atmosphere, and quickly becomes liquid, and continues so at moderate temperatures. It is known by the names, carbolic acid, phenic acid, phenol, phenic alcohol, and the hydrate of phenyle.

It was discovered by Runge, in 1834, who gave it the name carbolic acid. It possesses remarkable powers as an antiseptic. Most of the disinfecting powders now in use are nothing more than a mixture of carbolic acid and plaster of Paris. It is the opinion of some that this acid is capable of absorbing offensive gases of putrefaction, but a number of experiments show plainly that it has no influence over gases, but it prevents putrefaction and thus obviates the formation of gases.

It has the power of arresting fermentation, produced by organized matter, and also prevents its further development. Its mode of action is not thoroughly understood, but it appears to act by attacking vitality in some mysterious way.

The experiments of Mr. Crooks prove, conclusively, its action on vitality. "Cheese mites were immersed in water, where they lived for several hours, a few drops of a solution of carbolic acid, containing 1 per cent, added to the water, killed them instantly. A few drops of the solution was added to water in which small fish were swimming; it proved fatal in a few minutes. Water containing infusoria was placed under the microscope and a small quantity of a weak solution of carbolic acid was added; it proved fatal, and arrested their movements at once. These animalcules are almost constant attendants of putrefactive fermentation."

Dr. Lemar and other observers state that the vapor of carbolic acid proves fatal to flies, ants and their eggs, lice, bugs, ticks, centipedes, acaria, butterflies, earwigs, woodlice, cockchafers, and other insects of their size. When such animals are killed with carbolic acid, their bodies resist putrefaction for a long time. During the past year, a solution of carbolic acid has been used in many of the medical colleges for preserving anatomical material, for which it has proved a valuable agent.

Dr. Crooks had occasion to employ a variety of disinfectants during the prevalence of cattle plague in England, and found none so efficient as carbolic acid.

The vapor is by no means offensive to the higher classes of animals, and there is comparatively little danger in handling it. Should a portion of the acid, in an undiluted state, come in contact with the integument, it acts as a mild caustic, but if rubbed or washed off, no inconvenience is felt. As a therapeutic agent, it has been most extensively used as an external application.

In sloughing wounds, a solution composed of one part acid to forty parts of water produces the most marvelous effects: it destroys all fetor, facilitates the separation of the slough, and causes the parts beneath to assume a healthy appearance. It

seems, also, to have the effect of promoting the growth of healthy granulations, and of hastening the healing process of wounds. It has been used successfully in several forms of skin diseases, *viz.*, lepra, tinea capitis, rupia, and eczema. It has proved a valuable agent in the treatment of hemorrhoidal affections and in fistula. It is a valuable caustic, it only affecting a superficial layer of the tissue to which it is applied, hence its use would be indicated in diphtheria and malignant sore throat. But carbolic acid has also been used internally, with beneficial results. One drop, given in the form of a pill, has checked vomiting when other remedies had failed to produce any effect.

It has been highly recommended in cases of dyspepsia, accompanied with pain in the stomach after eating.

It has also been largely used by many eminent French physicians in the treatment of phthisis. A large number of patients in different stages have been treated, with the most favorable results. The mode of administration is as follows:—"Fifteen drops of the pure acid is dissolved in ʒij. of spirits, and the solution mixed with ʒxxxij. of water; this quantity is administered daily, partly by the stomach and partly by the inhalation of fluids in a pulverized form."

Owing to the great demand for carbolic acid, it is largely adulterated. The article most commonly used for this purpose is coal-tar oil, but it can be easily detected.

Pure carbolic acid is soluble in from 20 to 60 parts of water, or in twice its bulk of a solution of caustic soda, while tar oil is nearly insoluble. Therefore, to test carbolic acid, we have only to put a drachm of it in a bottle, pour on it half a pint of warm water, and shake at intervals for half an hour, when the amount of oily matter will show the impurity. Or dissolve one part of caustic soda in ten parts of carbolic acid, the residue will show the amount of impurity.

RAPE.—WHAT IS IT?

By R. P. Hunt, M.D., Chicago.

Frequently, in reading the different journals, from all parts of the country, we find reported cases of rape. Now, Mr. Editor, I wish to ask some of your many readers:—Is rape possible? A strong man may violate a child, but can any man, of no matter what strength, violate a woman? Does not a woman who is raped, as said, more or less yield? Is not the passion which would cause an animal in the human shape, so much excited as to attempt such an outrage, is he not, I ask, so excited that, before the crime could be committed, nature would involuntarily relieve itself?

Does not a brave and defiant woman always defend nerself, and also that which is dearest to her, her virtue? Is there nothing in the old Joe Miller joke, in which a rape was committed by a small man upon a large woman, both standing:—"Oh! your Honor, I stooped." Are there not many stooping rapes? Did not Queen Elizabeth exemplify this case well, when she was appealed to? "Hand me your sword," said she to the officer. The sword was handed. "No, I only wish the scabbard; keep the sword." The sovereign's orders were obeyed. Queen Betty with the scabbard, the officer with the blade, she orders him to place the sword in the scabbard. At each effort to do so, the great Ruler of England would twist her wrist and move the mouth of the scabbard. "Why do you not replace the blade?" says Queen Bess. "Your Majesty moves the scabbard too much," was the reply. "Well, if the woman had done the same, she might probably have been more fortunate." Except by brute force, used by more than one, can rape be accomplished. Is not fright or willingness a necessary accompaniment? Is not rape like seduction, where one must meet the other.

Proceedings of Societies.

CHICAGO MEDICAL SOCIETY.

NEURALGIA PRODUCED BY A FATTY TUMOR.

Dr. Fisher exhibited a large fatty tumor, which he had removed from a male patient fifty years of age. The tumor, situated between the upper portion of the left scapula and spine, was first observed seven years ago. The growth increased very slowly in size, giving the patient scarcely any inconvenience, till about four years ago, when quite severe neuralgic pain was experienced in the left arm and side, and under the scapula. It was for this pain, especially, that the patient sought surgical aid.

The removal of the tumor, which was attended with considerable difficulty, in consequence of its very deep attachments with the facial and transverse spinal processes, relieved the pain.

Dr. Fisher reported the result of the *post mortem* examination of Dr. Orren Smith, whose death is recorded on another page.

Dr. Smith had suffered, in early life, from a severe attack of rheumatism, which resulted in serious cardiac disease, from which he suffered, more or less, to the day of his death.

The heart was hypertrophied and dilated, its texture soft, and the mitral and aortic valves thickened and insufficient. The pericardium was attached, throughout almost its whole extent, to the heart. There was extensive adhesions between the lungs and thoracic walls.

The liver was contracted, mottled, and uneven; the kidneys hard and contracted.

FATTY DEGENERATION OF KIDNEYS IN PHTHISIS.

Dr. Fenn exhibited the kidneys of a female patient, forty years of age, who had died at the Cook County Hospital.

The patient had suffered from symptoms of phthisis for several years. During the later period of her life, she had suf-

fered from disease of the kidneys. The urine was albuminous to a remarkable degree. The kidneys, exhibited, were typical specimens of fatty degeneration.

RETINITIS ASSOCIATED WITH BRIGHT'S DISEASE.

Dr. Holmes reported the case of a young man, from the country, aged nineteen years, who consulted him in reference to dimness of vision, which he had experienced during convalescence from a severe illness. From the description of the patient, it appeared that the disease was typhoid fever. Vision was so impaired, that the patient could scarcely conduct himself with safety in the street. By simple inspection the eyes appeared perfectly normal. With the aid of the ophthalmoscope, the retina of each eye was shown to be in a condition of extreme congestion, being dark red, the vessels engorged, the optic nerve disk being absolutely obscured. There were a very few points of blood extravasated from the capillaries. The urine was found to be perfectly transparent, like pure water. Both nitric acid and heat precipitated a very large amount of albumen, causing the urine to look like milk. There was little derangement of the heart's action. The patient died soon after returning home.

Dr. Holmes referred to four other cases of retinitis, compliating Bright's disease, which he had before reported to the Society, and in which the ophthalmoscopic appearances were so characteristic, that the diagnosis of Bright's disease was at once declared.

The subsequent examination of the urine and the course of the disease verified the diagnosis.

In each of these cases there were the typical appearances, described in our recent works, and delineated in the best collections of ophthalmoscopic plates.

"These appearances consist of a swelling of the optic nerve disk, which is encircled by an opaque gray zone; this in turn is surrounded by a white belt, radiating lines of yellowish white spots being observed, external to the optic nerve, and minute patches of extravasated blood being scattered in different portions of the retina."

In a majority of cases, a portion only of these symptoms are found together.

The appearances described in the case, reported this evening, are perhaps more liable to be found in the early than in the later stages of the retinitis.

Dr. Hildreth stated that the fact, that similar appearances were observed in diabetes, might lead to error in diagnosis by means of the ophthalmoscope alone.

INTRAOCULAR TUMOR.

Dr. Holmes exhibited a singular intraocular tumor which he had removed from a male patient, forty years of age, at the Chicago Charitable Eye and Ear Infirmary. He had experienced, for two years, quite extensive dimness of vision in the right eye without any known cause, and without change in the appearance of the eye.

Suddenly, in the early part of July last, he was seized with a most violent pain in the eye, which was so persistent as to resist the skill of his physician and impair his general health.

On entering the Infirmary, a few days since, the eye was found soft, on palpation, exceedingly painful and tender, the anterior chamber being filled with blood. The diagnosis was uncertain.

Extirpation of the globe was considered necessary, not only to relieve the distress of the patient, but also to prevent disease of the other eye.

At the lower and nasal side of the fundus, was a smooth and spherical tumor, about a fourth of an inch in diameter. At the lower portion of the fundus was the chrystalline lens, opaque, but round in size, and partially involved in the substance of the tumor. The lens had evidently become spontaneously dislocated, in consequence of the atrophy of the zonula of Zinn, and the dissolution of the vitreous humor.

The iris and ciliary bodies were so atrophied, that the pupil was equal in size to the cornea.

The space between the cornea and tumor was filled with a thick bloody fluid.

The retina and choroid were partially detached from each other, the latter being also detached from the scleretic.

Dr. Lyman describes the microscopic character of the tumor, as follows:—

The cells are of an oval shape, pretty uniformly resembling the pus-cell, in size and superficial aspect, but not presenting the distinct nuclei of the pus-cell, when treated with acetic acid.

There are numerous minute fat globules, and plates of cholesterine.

Correspondence.

PHILADELPHIA, Pa., August 1st, 1867.

EDITOR OF CHICAGO MEDICAL JOURNAL:—

Proposing to write from time to time, letters containing accounts of the various clinics, etc., of this city, I commence my series with an account of a case recently brought to my notice, and which is of no little interest.

On *July 4th*, I was called to visit Mrs. E. M., aged 26 years. Her husband informed me that they were married July 1st, and on the subsequent night he had endeavored to have connection with her, but found the hymen prevented. After this attempt, she "at once commenced bleeding from the vagina," and this hemorrhage had not ceased when I was called to see her. These are the facts, as gained from the husband.

I found the patient anæmic, extremities cold, with body hot; countenance pallid; eye congested; tongue furred, white; pulse quick, but excessively weak; and complaining of severe pain, "*swelling*" in the belly. Upon questioning her as to her *menstrual life*, I found she had always been regular as to *time* of appearance, but the "show" had continued sometimes two weeks, and never less than one, during which there was a constant, but very *slow oozing of blood*. She observed that she had been "regularly unwell" two weeks before, and that she

was "confident that her husband had lacerated her," thus producing this hemorrhage. I at once resorted to an examination, and found she had been freely using preparations of iron, as a local styptic. This, together with clotted blood, was all removed by sol. of sodæ bicarb., and then I found the cause of the trouble. Here was a hymen, consisting of a thick fold of mucous membrane, forming a complete circular septum, only perforated in the centre by a very small round opening. Through this opening, there oozed, slowly, thick, dark blood. This hymen was excessively sensitive, the simple application of a camel's hair pencil giving exquisite pain. It was Impossible to insert my little finger through the opening, first, because of the extreme sensitiveness of the parts, and, secondly, on account of the firm rigidity of the fold. The patient was now completely exhausted, and, having no fear of the hemorrhage, I gave her a full anodyne, and left her until

July 5th, when I found her calmed, and her pulse stronger, with the bleeding as yesterday. I now put her under the influence of an anæsthetic, and even *now* I was unable to insert any finger but my little one, and this with only the greatest exertion. On introducing my finger, blood flowed freely. I now divided the hymen in seven distinct points, and then introducing one finger at a time, I succeeded in inserting three, when I broke up the septum thoroughly. The blood, which had until now flowed sluggishly, came forth with a gush, offensive, dark, and grumous. The parts having been washed freely, and the sudden flow of blood subsided, I applied a dressing of equal parts of equal parts of olive oil and lime-water, and gave the patient a grain of opium. At night I found her free from pain, having slept quietly for three hours. The hemorrhage was scanty, but of a better consistency and color. Gave her another opiate.

July 6th. Parts healing kindly; bleeding stopped; and sensitiveness very much lessened. Bowels costive; ordered an enema.

July 7th. Bowels freely opened. Ordered an injection of cool water for vagina. Greatly improved.

July 11th. Parts healed. Introduced my three fingers without giving any pain. Patient walking about, *well.*

This has been an interesting case, for several reasons, not the least of which is, that which shows that here was a patient with a slow and painfully tedious menstruation during her whole menstrual life—a space of twelve years—and during each period suffering very much pain, and having an offensive discharge of blood, all of which had been caused by this impenetrable hymen, and this hemorrhage which commenced after the attempt at coition on July 1st, was but her courses, brought on prematurely by excitement. To-day I saw the patient, and she says, "for twelve years I have never known four weeks so free from pain as those which have just passed." She was taken "unwell the 27th of July, and remained so for three days, having a free discharge of *bright blood*, and have been free from pain." Yours,

E. R. HUTCHINS, M.D.

EDITOR OF CHICAGO MEDICAL JOURNAL,

Dear Sir:—I notice that your colleague, and our distinguished fellow-citizen and professional brother, Dr. Freer, in the letter which you have given us, *verbatim et literatim*, in the September number of the JOURNAL, alludes, though not in the most flattering terms, to the practice pursued by European surgeons, in their management of joint-diseases, and draws some comparisons, which, though they might be "odious" to them, must certainly be very gratifying to us.

We might deem the Doctor too severe in his criticism, had not others testified to the want of skill manifested by our transatlantic brethren in this regard.

Dr. C. F. Taylor, of New York City, now in Europe, writes that "they are at least twenty years behind the age in the treatment of Potts' Disease, relying entirely upon the various preparations of iron and the recumbent posture" in their treatment of this malady.

And that this statement will apply with equal force to their

management of joint-diseases generally, any reader of the *London Lancet* may safely infer, on perusal of Mr. John Hilton's "Lectures on Pain, and the Therapeutic Influence of Mechanical and Physiological Rest in Accidents and Surgical Diseases," published in that journal in 1863. This eminent English surgeon advocates the employment of the recumbent position and absolute rest of the affected joint in all articular diseases, and appears perfectly satisfied with the result which must necessarily follow such a course of treatment—provided the patient survives it all—*viz.:* complete anchylosis.

What well-informed American surgeon, at the present day, relies upon recumbency in the management of these diseases?

Thanks to American ingenuity and skill, a better and more scientific method of overcoming diseased action in these cases has been discovered. With the affected part thoroughly protected by suitable apparatus, the patient is enabled to enjoy the pleasures and benefits of free exercise in the open air, an advantage of incalculable value, and one which, in many cases, cannot be dispensed with.

The principle of extension and counter-extension for removing the pressure from diseased articular surfaces, and obviating the constant tendency to contraction and subsequent structural shortening of the muscles, is now employed, not only in the treatment of disease (inflammation) of the hip-joint, but also in the same condition occurring in other articulations, and with the happiest results, patients almost invariably recovering with the integrity of the affected joint unimpaired.

It is a circumstance of which the American people, and we especially, as members of the medical profession in America, may justly be proud, that greater advancement has been made in orthopædic surgery in this country within the last ten or fifteen years, than in the old world during the past two centuries. The most useful discoveries and important practical suggestions regarding these matters have been made by American physicians.

It may interest your readers to know that Dr. Freer's suggestion that "Europeans could learn something regarding me-

chanical surgical treatment" from their "American cousins," is just now being acted upon.

Dr. Taylor, (before alluded to) is now in Europe, for the purpose of securing European recognition of American inventions for the treatment of deformities, and has, thus far, met with very flattering success. Yours, respectfully,

F. O. EARLE.

84 Washington St.

BOOKS RECEIVED.

The Physiology of Man. Alimentation; Digestion; Absorption; Lymph and Chyle. By AUSTIN FLINT, Jr., M.D., Professor of Physiology and Microscopy in the Bellevue Hospital Medical College, etc. New York: D. Appleton & Co., 443 and 445 Broadway, 1867.

Is it I: A book for every man. By Prof. HORATIO ROBINSON STORER, M.D., of Boston, Vice-President of the American Medical Association. Boston: Lee & Shepard, 1867.

The Physicians' Visiting List for 1868. Philadelphia: Lindsay & Blakiston.

Essentials of the Principles and Practice of Medicine: a handy book for students and practitioners. By HENRY HARTSHORNE, M.D., Professor of Hygiene in the University of Pennsylvania, etc. Philadelphia: Henry C. Lea, 1867.

Minutes of the Proceedings of the Fourteenth Annual Meeting of the Medical Society of the State of North Carolina, held at Yarboro, N.C., May 15, 1867.

A Treatise on Emotional Disorders of the Sympathetic System of Nerves. By WILLIAM MURRAY, M.D., M.R.C.P., Lond., Physician to the Dispensary and to the Hospital for Sick Children, ect. New York: A. Simpson & Co., 60 Duane St., 1867.

Clinical Lectures on the Principles and Practice of Medicine. By JOHN HUGHS BENNETT, M.D., F.R.S.E., Professor of the Institutes of Medicine, and Senior Professor of Clinical

Medicine in the University of Edinburgh, etc. Fifth American from the Fourth London Edition. New York: William Wood & Co., 61 Walker St., 1867.

Injuries of the Eye, Orbit, and Eyelids: Their immediate and remote effects. By GEORGE LAWSON, F.R.C.S., Eng., Assistant Surgeon to the Royal London Ophthalmic Hospital, etc. Philadelphia: Henry C. Lea, 1867.

The Principles and Practice of Disinfection. By ROBERTS BARTHOLOW, A.M., M.D., Professor of Materia Medica and Therapeutics in the Medical College of Ohio, etc. Cincinnati: K. W. Carroll & Co., 117 West Fourth St.

Chemistry. By WILLIAM THOMAS BRANDE, D.C.L., F.R.S., Lond. and Edin., etc., and ALFRED SWAINE TAYLOR, M.D., F.R.S., etc. Second American edition, thoroughly revised. Philadelphia: Henry C. Lea, 1867.

The Quarterly Journal of Psychological Medicine and Medical Jurisprudence. Edited by WILLIAM A. HAMMOND, M.D., Professor of Diseases of the Mind and Nervous System in the Bellevue Hospital Medical College, etc.—July, 1867; No. 1, Vol. 1, New York. Terms: $5.00 a year; single copies, $1.50.

The Tree of Life; or, Human Degeneracy — its nature and remedy, as based on the elevating principle of Orthopathy. In Two Parts. By ISAAC JENNINGS, M.D. New York: Miller, Wood & Co., 15 Laight St., 1867.

Elements of Medical Chemistry. By B. HOWARD RAND, M.D., Professor of Chemistry in Jefferson Medical College. Philadelphia: Y. Elwood Zell & Co., 17 and 19 South Sixth St., 1867.

The Medical Use of Electricity, with special reference to general electrization as a tonic in neuralgia, rheumatism, dyspepsia, etc. By GEO. M. BEARD, M.D., and A. D. ROCKWELL, M.D. New York: William Wood & Co., 61 Walker St., 1867.

The Transactions of the American Medical Association, instituted 1847. Vol. 18. Philadelphia: Printed for the Association. Collins, Printer, 705 Jayne St. 1867.

Editorial.

Delay.

The present Number of the JOURNAL has been delayed a few days, in order to present to our readers a full account of the proceedings introductory to the TWENTY-FIFTH Annual Session of Rush Medical College. This event, under all the existing circumstances, we consider one of the most important in the medical history of the North-west. It inaugurates a new era, and should be hailed, by all who have the real welfare of the profession at heart, with cordial congratulations.

This rapidly expanding, great, and enterprising metropolis has now an edifice devoted to medical science, commensurate with the demands of the time. It is no mere boast to say that the continent cannot show its equal, whether we refer to its magnitude, architectural beauty, or general adaptation, in all its parts and appointments, for its designed purpose.

It is gratifying to be able to add that the opening exercises, the meeting of the Alumni, the concise history of the College given by President Blaney, the appropriate remarks by His Honor, Mayor Rice, the splendid oration by Prof. Gunn, who brings additional prestige to the chair before rendered illustrious by the lamented Brainard, the pleasant reunion of the Faculty, Alumni, students, and profession, which followed—all agreeable to the utmost of desire, have proven not vain formalities, for the College now seats in its ample halls a larger class than ever before convened in any strictly legitimate medical college west of the Atlantic cities. This effort, as all real efforts will, has achieved its legitimate reward.

From the editorial knowledge of the Faculty, we predict a success in medical teaching, the present and future sessions, heretofore unparalleled. *Nous verrons.*

Free Dispensary.

Hereafter, there will be a daily *clinique* at the College throughout the year—Sundays and holidays not excepted. The attendants will be treated gratis, and in cases of necessity,

medicines will be furnished free of charge. A large corps of clinical assistants has been organized, and in every department of practice of medicine, surgery, or obstetrics, (*including* the specialties,) it is intended that every want shall be supplied.

The grand advantages of this great city are to be fully improved. The field has, up to this time, been unoccupied, for Rush College of old had not room for the exercise of its powers. But now it has the *pou sto* and proposes to use the lever. Coöperation of friends both in city and country is solicited. The poor of the city will be treated at their residences, under the supervision of the Faculty, at all necessary hours, day or night.

The College Museum.

The beautiful rooms allotted to the museum have yet many unfilled spaces. Let our friends contribute specimens which they wish preserved, that they believe will be useful for teaching and illustration. Each will be carefully labelled and inscribed with the name of the donor or depositor. Mr. Tieman, the celebrated surgical instrument maker, of New York, has already deposited a full *suite* of instruments of his manufacture, and proposes to keep every department of his productions fully represented.

The Chicago College of Pharmacy, occupying spacious apartments in the building, exhibits one of the finest collections of materia medica and chemicals in this or any other country.

It is intended that the museum shall represent, *ad unguem*, the history and progress of medical science.

To Correspondents.

A large number of original communications are on file, for which thanks are hereby tendered. The concluding pages of the treatise on the *Endoscope* will be given in the next (November) number, after which we shall have more room for favors. It is impossible for the Editor to reply personally to the large number of letters addressed to him—if the task was undertaken all other business would have to be neglected.

Professional opinions, in cases of disease, are part of the

Editor's stock in trade, as one of the fraternity, and he cannot retail them without the *quid pro quo*. This latter hint may, perhaps, save some manuscript. One word further—articles which have been published in other journals or books have survived the period of their interest for this journal. Be it remembered that the case is rare and exceptional where an article is *reproduced* or regenerated in these pages.

Yellow Fever.

The history of the epidemic which is at present devastating portions of the Gulf States will tend to draw still more strongly official and popular attention to the necessity of improved sanitary methods, and persistence in well-doing. The key-note to the whole chorus, is: "*All malignant epidemics are preventible*," cholera, yellow fever, or whatsoever the nomenclature.

Put away *concurrent* causes of diseases, and no single exciting cause, however great its supposed virulence, will be competent to beget wide-spread pestilence.

Personal.

A letter just received from Prof. Freer, announces that he will take the steamer "home again" on the 12th inst. A racy and instructive letter from his pen will appear in the next No. of the JOURNAL. His health is thoroughly reëstablished, and his friends will be delighted to greet him *in propria persona.*

Medical Books.

Messrs. S. C. Griggs & Co. (39 and 41 Lake Street) have favored us with a catalogue of medical books which they have for sale, with accompanying price list. Students or practitioners can obtain the same free, on application. They have a large and varied assortment, and offer special inducements to purchasers. The editorial pen itches to say one thing more about this firm, but temporarily forbears.

New Medical Journals.

A new medical journal is announced as forthcoming in San Francisco. St. Louis also announces a monthly—hight, *The Humboldt Medical Archives*, to be edited by A. Hammer, M.D.,

and Montrose A. Pallen, M.D. $3.00 in advance; $4.00 after six months; $5.00 if after one year, a scale of increase for non-payment in advance which would startle the delinquent patrons of the present paper. The second No. of Dr. Hammond's *Quarterly Journal of Psychological Science* comes to hand delightfully rich in typographical art, and better still in its excellence of matter. The old *Medical Gazette*, a name sacred to the memory of our venerated friend, Dr. D. M. Reese, comes to us in a new dress as a weekly, under the publishing conduct of A. Simpson & Co., New York, the well-known publishers, with Lindsay and Blakiston as the Philadelphia sponsors. No editorial name is given, but, from appearances, it is intended to mingle the *utile cum dulce*, as the manner of some others we wot of is—the distant insinuation being, that there is to be enough of medicine and surgery in each number to float the advertisements. This is a pretty well understood New York and Philadelphia dodge, indulged in by several of the great publishing houses, occasionally, at the expense of legitimate medical journals. A medical journal should have some paternity aside from a mere advertising agent, in order to secure the confidence of the profession. But, meanwhile, greeting to all working colaborers.

Deaths of Noted Physicians.

Among French physicians—Gibert, Jobert, Trousseau, Follin, Velpeau, Rayer—all deceased within a single year. The death of Faraday alone, in England, makes the year one to be remembered with sorrow. In this country, death has been almost equally unsparing of names noted in the profession. On the whole, it has not been a year to be "marked by a white stone."

Propolis.

A private letter from Dr. Hitchcock, calls our attention to a typographical error in the preparation of this article, as set forth on page 419 of the JOURNAL. The proper proportion and method is as follows:—Propolis, ℥ij. to ℥iv.; Liq. Potassæ, ℥j.

New Uterine Supporter.

Attention is directed to the instrument, invented by Dr. Babcock, whose circular is herewith enclosed. We have as yet, in our private practice, not had occasion to test its merits, but have heard it well spoken of by gentlemen well informed on the subject. Our thanks are due to the inventor for a specimen, which we shall probably soon put to the test of experience.

Dr. Carleman's Portable Russian Vapor Bath Apparatus.

Patented, 1867. Manufactured and sold by S. J. Russell & Co. General Office and Salesroom, 196 Lake Street, 2d floor, Chicago. The ingenious inventor will please accept thanks for a specimen of this very convenient and useful apparatus.

Wm. B. Keen & Co.,

The great wholesale and retail booksellers of this city, offer to the public an almost unlimited variety of educational, literary, scientific, and professional books. Fair and honorable dealing marks all their intercourse with their customers. We commend them to the entire confidence of all our friends who are in the market for medical books.

California Wines.

European prestige sustains the sale of vile dilutions of whiskey known as wines. The "pure" or "simon-pure" article is, not unfrequently, as bad or worse. There is little doubt that California is one of the best (if not the best) grape producing countries known. Yet California wines have been in comparative disrepute, because of the sale of common rhubarb wine (*et alii*) under the same denomination. Nevertheless, pure and delightful wines are produced in the modern El Dorado. The advantage of using pure wines in therapeutics, rather than fiery distillates from corn, rye, or molasses, will readily occur to the professional mind. But to get them, *hoc opus*. From the best information we can obtain, we believe they can be procured in their pristine purity, delicious as the nectar of the gods, and with phases of taste and aroma as diverse as the tints of the

rainbow, by applying to the El Dorado Wine Company, Chas. P. Jackson, Esq., General Sup't, 117 Randolph Street, in this city. There can be no doubt of the origin and perfection of the articles which they furnish.

Death of Dr. Orrin Smith.

Resolutions of the Chicago Medical Society.—At the last meeting of the Chicago Medical Society, the following resolutions were adopted, in view of the recent death of Dr. Smith:

Whereas, It has pleased the Supreme Ruler to remove from our midst and take to Himself a prominent member of this Society, by the death of Dr. Orrin Smith; therefore, as a tribute of respect, we offer the following resolutions:

Resolved, That. in the death of Dr. Smith, this Society has been deprived of an honorable member, the community of an experienced practitioner and a valued citizen.

Resolved, That we recognize in our departed friend and brother a man of great energy and perseverance, so entirely devoted to his profession and to the cause of humanity that, although advanced in life, and for many years a sufferer with organic disease of the heart, he continued to practice his profession till a few weeks of his death.

Resolved, That we tender to the afflicted family of the deceased our earnest sympathy in this their sad bereavement and irreparable loss.

Resolved, That the Secretary of this Society furnish a copy of these resolutions to the family of the deceased, to each of the daily papers of the city, and to the Chicago *Medical Journal* and *Medical Examiner*.

Modern Anæsthesia. By the Hon. Truman Smith. A republication of the evidences that Horace Wells, evidently a high minded and usitive gentleman, discovered the principle and method of Anæsthesia. Our own memory, contemporaneous with the facts, convinces us that a man named Morton, with a large proportion of the alphabet prefixed to his name, was the real father of both. But God preserve us from his gratitude for expressing our belief! Our pockets ache at the suggestion.

Headland on the Action of Medicines. This fifth "revised and enlarged edition," is worthy of its already acheived

popularity. Every intelligent physician is familiar (or should be) with its merits.

Married.

In Xenia, Ind., Sept. 22d, 1867, by the Rev. F. W. Keeler, Dr. JUSTIN ROSS, of Williamsport, Ind., to Miss MARIAETTA EGBERT, daughter of Geo. Egbert, M.D., of Xenia, Ind.

Receipts Acknowledged from:

D. A. Kittle, $1 25; J. R. Conklin, 1 50; E. Bennett, 3; W. P. Holden, 2; Z. Ball, 2; G. M. Morrow, 2; G. H. Nichols, 2; J. R. Jones, 1 50; H. Steel, 2; J. J. Topliff, 2; C. Palmeter, 2; G. Higgins, 5; W. H. Hess, 5; G. C. Paoli, 2; A. Heavenridge, 2; M. Evens, 2; Cowden & McClelland, 3; Chas. Shepard, 7; J. Walker, 5; H. Gaylord, 5; C. D. Watson, 3; J. P. Anthony, 2; J. V. Hoss, 2; F. E. English, 3; J. W. Hensley, 3; G. W. Allen, 6; D. D. Thompson, 2; Thos. Washburn, 2; J. P. Ross, 2; J. M. Harnett, 3; B. F. Swafford, 5; Lucius Clark, 2; R. F. Henery, 5; J. H. Scott, 2; J. W. Leffingwell, 3; J. J. Brown, 2; F. Hahn, 2; A. F. St. Lure, 2; A. Badenstal, 2; J. M. Sturdivant, 2; A. Morrall, 2 50; W. E. Spelman, 1 50; J. B. Glass, 2; W. P. Sweetland, 2; E. Vogeler, 2; St. Joseph's Med. Society, 2; A. E. Shipherd, 7; A. V. More, 5; J. W. Mitchell, 1 50; J. C. Noyes, 7; T. Bevan, 3; J. M. Evans, 2; C. C. Sprague, 2; C. H. Doneldson, 3; E. W. Boyles, 3; O. B. Adams, 5; P. McAlpen, 3; E. F. Russell, 3; W. S. Hyton, 7; J. F. Daggett, 7; T. B. Dora, 5; A. B. Newton, 2; F. A. Warner, 7; A. Blanchard, 5.

Consanguineous Marriages.

118 W. Houston St., New York. July, 1867.

SIR:—At the late meeting of the "Medical Society of the State of New York," it was resolved:—"That a Committee be appointed to investigate and report upon the result of consanguineous marriages, etc."

If such marriages come under your observation, you will confer a favor by answering the following questions, and transmitting such report, before November next, to the undersigned, one of the Committee appointed:—

1. Name (initials) and age of HUSBAND.
2. Nativity.
3. Age when married.
4. Constitution.
5. Health, deformities, peculiar diathesis.
6. Health of his family, hereditary diseases, deformities, etc.
7. Name (initials) of WIFE.
8. Nativity.
9. Age when married.
10. Constitution.
11. Health, deformities, peculiar diathesis.
12. Health of her family, hereditary diseases, deformities, etc.
13. How are the parties related to each other?
14. How long married?

15. How many children, or sterility?
16. Abortions; cause; how many, and at what period?
17. Children died, at what age, and from what diseases?
18. The constitution, age, and present health of living children, deformities, mental conditions, idiocy, cretinism, deaf, mute, blind, epilepsy, albinism, insane, etc.
19. Remarks and other information.

Hoping to receive your valuable coöperation for the advancement of medical science,

I remain, yours, most respectfully,

ROBERT NEWMAN, M.D.

RUSH MEDICAL COLLEGE.

FORMAL INAUGURATION OF THE NEW BUILDING.

ALUMNI ASSOCIATION--FIRST MEETING.

Commencement of the Twenty-Fifth Annual Session.

A LARGE GATHERING--ADDRESSES BY MAYOR RICE, AND PROFESSORS BLANEY, GUNN, AND ALLEN.

Supper Given to the Alumni by the Faculty.

ALUMNI ASSOCIATION.

A meeting of the graduates of the college was held October 1st, in the lecture-room of the new building. Dr. J. Blount, of Rockford, was elected Chairman, and Dr. C. B. Reed, of Hampshire, Secretary.

Dr. E. Powell stated the object of the meeting to be the organization of an association of the alumni of the college.

A committee, consisting of Drs. Powell, Ingalls, Johnson, Coleman, and Hunt, was appointed to draw up a constitution and by-laws, and during their absence short speeches were made by Drs. Van Buren, Kennedy, Emmons, and Blount.

A committee, consisting of Drs. Johnson, Kennedy, Blount, McDonald, and Ingalls, was appointed to prepare resolutions relative to the death of the late President of the institution, Dr. Daniel Brainard.

The Committee on Constitution reported, and the report, after alterations, was adopted. It constitutes an association to

be called the Alumni Association of Rush Medical College, consisting of graduates in the regular medical course, or those who have received honorary or *ad eundem* degrees, providing they are in good standing in the profession; authorizes at least one literary and social festival each year; fixes the regular business meeting on commencement day, and provides that any member may be expelled by a two-thirds' vote. The Faculty are constituted honorary members of the Association.

The Constitution reads as follows:

Article 1. The Association shall be called the "Association of the Alumni of Rush Medical College."

Art. 2. It shall consist of graduates, and of those who have received the honorary and *ad eundem* degrees in Rush Medical College, and who are in good standing in the profession, who signify their desire of becoming members of the Association by signing these articles.

Art. 3. The members of the Faculty of the College shall be honorary members of the Association.

Art. 4. The officers shall consist of a President, 1st and 2d Vice-Presidents, Secretary, Treasurer, and an Executive Committee of three persons, who shall be chosen annually by ballot.

Art. 5. The President shall preside at all meetings when present, and perform such other duties as are required by virtue of his office, and at the close of his term of office, shall deliver an address before the Association.

Art. 6. In the absence of the President, the Vice-President shall perform the duties of President.

Art. 7. The Secretary shall keep a true record of the proceedings of the Association at all meetings, and shall perform such other duties as are required of him by virtue of his office.

Art. 8. The Treasurer shall receive, keep, and disburse all moneys belonging to the Association, subject to the order and inspection of the Executive Committee.

Art. 9. The Executive Committee shall have charge and direction of the affairs of the Association. They shall take such order as they shall see fit as to any special exercises or

proceedings to be adopted for social, commemorative, or festive purposes at any meeting of the Association. It shall be their duty to provide for at least one literary and social festival in each year, when the Association shall meet as members of one family to revive pleasant memories, and exchange new pledges of brotherhood and friendship.

Art. 10. These articles may be altered or amended at any meeting of the Association, by a two-thirds' vote of the members present.

Art. 11. The regular meetings of the Association shall be held on "commencement day" of Rush Medical College, due notice of which will be given by the Secretary.

Art. 12. Any member of this Association, guilty of a violation of the American code of medical ethics, may be expelled by a two-thirds' vote of the members present at a regular meeting; due notice having been given at a previous meeting.

A committee, consisting of Drs. McDonald, Elder, Gueren, Williams, Webster, and Weeks, was appointed to nominate officers for the coming year, and they reported the following nominations, which were unanimously confirmed:—

President—Dr. Edwin Powell.

Vice-Presidents—Dr. B. F. Spafford and J. Blount.

Treasurer—Dr. E. O. F. Roler.

Secretary—Dr. W. C. Hunt.

Executive Committee—Drs. E. S. Elder, J. F. Weeks, C. Y. Fenn, B. Durham, and T. D. Fitch.

The roll was called, and some seventy of the alumni of the different classes found present.

Interesting speeches were made by Dr. H. Johnson, Prof. Ingalls, and President Blaney, congratulating the institution on its splendid facilities and its prominent future, referring to those of the alumni who had fallen, especially to those who had given their lives while caring for the "boys in blue," and recalling reminiscences of college life, and the meeting adjourned.

THE DEDICATORY EXERCISES.

A large audience of students, medical gentlemen, ladies, and

other citizens, was gathered at an early hour in the evening, in the spacious lower lecture-room, the semi-circular seats, rising tier above tier to the height of the second story, being closely filled, making a fine appearance, and showing the general interest felt in the institution.

Many of those present were students just arrived from this and other States to commence the winter course of lectures, and many were alumni of the institution, coming in from their scattered fields of labor to witness and rejoice in the prosperity of their *alma mater*. The platform in front of the amphitheatre was occupied by the Faculty, his Honor, the Mayor, and a number of other prominent citizens.

The exercises were opened with music by Vaas' fine orchestral band, which interspersed the exercises of the evening with their performances.

The President of the College, J. V. Z. Blaney, M.D., then stated that they were assembled upon invitation this evening, assist in the exercises dedicatory of this new edifice, and also to listen to the introductory lecture of the twenty-fifth annual session of Rush Medical College.

Prayer was offered by Rev. Prof. Swing, pastor of the Westminister Presbyterian Church.

PROF. J. V. Z. BLANEY

then delivered the opening address, as follows:—

Ladies and Gentlemen:—This occasion inaugurates what may be termed the fourth epoch in the history of Rush Medical College.

The first epoch was marked by its organization, by the appointment of a Faculty, and the opening of the first course of Lectures, in December, 1843; the second by the dedication of the first building erected for its use, on the site of the present building, in 1845; the third by the enlargement of that building to meet the growing demands of its classes, in 1855; and this, the fourth epoch, is marked by the assemblage this evening of this large and respectable audience to assist in the dedication to the service of medical education of the large and imposing edifice in which you are now convened.

On such an occasion, a brief review of the past history of the institution, and of its early struggles for existence, and of present status among the prominent medical schools of the country will not be considered irrevelant.

The late lamented President of the College—Daniel Brainard, M.D.—on his arrival in Chicago, in 1836, with the view of establishing himself in the practice of medicine and surgery, was early impressed with the opinion that the time would shortly arrive when a medical school would be needed in the Northwest. In the autumn of that year, in connection with the late Dr. J. C. Goodhue, of Rockford, Ill., then resident of Chicago, he drew up the act of incorporation of the College. On the second of March, 1837, this act was approved and became a law. The heavy financial revulsion of that year, which arrested all new enterprises, arrested, with others, the complete organization of the school. Not content with total inanition, as a tentative experiment, Dr. Brainard opened a private school of anatomy in his own rooms on South Clark St., which, with small numbers in attendance, he continued for several years. Meanwhile, he accepted and acceptably filled the chair of Anatomy in the St. Louis University for two years. It was during the session of 1842 and 1843 of that institution that the speaker first met Prof. Brainard, in St. Louis, and learned from him his views in regard to the establishment of a medical school in Chicago; and it was then concerted that should certain contingencies arise during the following summer, a school should be opened in Chicago in the autumn of 1843. Those contingencies were the opening of schools of medicine at several points in Illinois and Indiana. The fact was fully conceded that the movement would be premature, and in advance of the demands of the profession in the Northwest. But it was deemed important, in view of the probability that Chicago, then a town of between 5,000 and 6,000 inhabitants, would continue to be, as she then was, the largest of the numerous towns then struggling for supremacy on the great lakes, that it should be occupied as the site of a medical school, before other schools in

other towns should obtain the prestige of priority in their establishment.

A prospectus of a medical school, at Laporte, Ind., and of another at St. Charles, Ill., were issued in the summer of 1843, in view of which it was determined to announce a course of lectures under the charter of 1837, for the winter of 1843 and 1844.

The session opened on the 4th of December, 1843, and the lectures were delivered in two small rooms on South Clark st., to a class of twenty-two members. The Chairs of Anatomy and Surgery were filled by Professor Brainard, that of Theory and Practice by Professor John McLean, that of Obstetrics by Professor M. L. Knapp, and those of Chemistry and of *Materia Medica* by myself.

The second session opened under better auspices, in a building specially erected for the purpose, at a cost of about $3,500, and with a full faculty. Professor Austin Flint, then of Buffalo, N. Y., filled the Chair of Institute and Practice of Medicine, Professor Graham N. Fitch, of Indiana, the Chair of Obstetrics, vacated by the retirement of Dr. Knapp. Professor McLean was transferred to the Chair of *Materia Medica*, and Dr. W. B. Herrick was appointed Lecturer on Anatomy, to which Chair he was elected the following year. The class numbered forty-six, and the graduates eleven. Thus was the Rush Medical College established, and fairly entered on the arena of competition for position as a school of medicine.

Meanwhile, schools had been opened at Jacksonville and St. Charles, Ill., and at Laporte, Ind.; but in the winter of 1847 and 1848, this institution remained master of the field, with a class of 140, and with thirty-three graduates. With various changes in its faculty, and with but little variation in the number of its students and graduates, it continued to labor for the improvement of the profession until 1854, when the building first erected was deemed too small, and not sufficiently commodious, and was enlarged at a cost of $10,000. This enlarged building was first occupied November 5th, 1855, and was continued in use until the close of the last session, when, urged by

the imperative demands of the overflowing classes which had sought its portals, the faculty determined upon the erection of the noble edifice in which you are this evening assembled—a structure commensurate with the enormous expansion of this great Northwest, and worthy of the important uses it is intended to subserve.

It would not be becoming in me to enlarge upon the weary years of labor expended, the hope deferred, the struggles for life and success experienced in the effort to build up an institution of this kind—prematurely organized, and in a forming and unappreciative community—but I cannot refrain from the remark that much of the position which this College now sustains is due to the foresight which located it in a city, which, by its unprecedented growth, and attainment of universal acknowledgment as the metropolis of a territory unequalled in its resources, present and future, has carried along with it, in its advance, every public enterprise, which, having a worthy object in view, has proved itself adequate to the constantly increasing demands of the communities which are its tributaries.

I should feel that I were unworthy to address you on this occasion, did I not take this opportunity to award the full credit due to the memory of the lamented founder of this institution, for the conception, the inauguration, and the leadership in the successful attainment in the position of prominence, now undisputed, of this college, which was his beloved project from early manhood to the moment of his decease, for whose advancement his whole life of toil was mainly expended, and whose last labor in life was in the duties of the Chair which he had filled from the date of its establishment. There are present in my audience many of the alumni of the College, who still gratefully remember his earnest efforts for their thorough induction into the principles of his favorite department of medical education, and the fervency with which he impressed upon them their duty to assume and sustain a high and honorable position in their chosen profession; and, with me, they will join on this occasion, when celebrating the culmination of his hopes, which, alas, he is not here to enjoy, in awarding all

praise and honor the memory of Daniel Brainard. [Applause.]

Another auspicious event which has this day transpired is the organization of an "Association of the Alumni of Rush Medical College." The gratification of those members of the faculty who have enjoyed the high privilege of acting as instructors to the respectable body of professional gentlemen who have this day met to greet their associates of former years, and pay their respects to their *alma mater*, in witnessing the results of their labors, is not to be expressed in words. On more than one occasion, I have had the opportunity to express to classes of graduates the fact that it was upon the success of its alumni, and the position which they should sustain, morally and professionally, in their several communities and among their peers, their *alma mater* would confidently depend for her reputation and success. During the years that have passed, over 1,000 young men have received her honors and passed from her portals to mingle with the class of aspirants for professional success, and make for themselves name and position. The hopes of former years have been fulfilled, and, without fear of contradiction, I dare to assert that, for equal numbers, no institution in the country has greater reason for self-gratulation, whenever and wherever represented by her alumni, than has Rush Medical College. The records of the army of the United States, in its late struggle, the history of every town, village and community in the whole North-west, will furnish evidence which is beyond controversy. This fact, rather than the increasing numbers of our classes, gives to the faculty their highest satisfaction—this their most cherished reward—this their strongest inducement to the sacrifice required in the erection of this noble edifice, destined, as it is confidently hoped, to be filled for years to come with ardent rivals for the attainment of their predecessors.

Confident that they will be sustained by the profession of the whole North-west in their renewed efforts to advance the cause of medical education, the faculty devote all their energies to the work, determined not to remit in sacrifice or exertion until this institution shall take position in the first rank of its peers. [Applause.]

I have now the pleasure of introducing to the audience the Hon. J. B. Rice, Mayor of Chicago. [Great Applause.]

SPEECH OF THE MAYOR.

Hon. J. B. Rice, having been thus introduced, spoke as follows:—

Mr. President, Members of the Faculty of Rush Medical College, Ladies and Gentlemen:

A few days since, one of the professors of this college invited me to be present here to-night, to assist in the formal ceremony of opening this important institution. Deeming the invitation to the Mayor, I gladly accepted it, for I desired, as the representative of this city, to show my appreciation of the good work done here by the professors of Rush Medical College, in causing to be erected this substantial, spacious, and commodious building, where medicine and surgery are to be taught.

But my special desire here, to-night, is to join with you all in congratulations over this important event—the building of a college in the city of Chicago that, I am told, and do fully believe, is equal to any similar institution in the United States of America. [Applause.] Then, I would congratulate the city of Chicago that the building has been erected here. I would congratulate the students who are to seek instruction within its walls, that it is erected in a city, the populous metropolis of the North-west, where they will find a people intelligent, frank, kindly, and social, and where the only requisite that is required for their welcome is an honorable character. [Applause.]

A little over twenty years ago, as the President has just told you, the faculty of Rush Medical College delivered lectures to a class of twenty-two students. Last year their lectures were delivered to a class of over three hundred students, and there would have been more to receive the valuable education which is to be gotten here, if there had been room for more. One remarkable part of the history of this college is, and perhaps it is unprecedented, that the entire establishment—all the vast expenditure for its erection—has been borne by the professors of the college. There has been no joint-stock company, and no aid from State, county, or city; no endowments; but the

whole sum, seventy thousand dollars, paid by a few earnest men, that the doors of this great building should be thrown open to the thousands of men seeking instruction, from every part of our globe, and coming here where they are sure to find it. [Applause.] This night it is to be dedicated to its use, and I use the term dedicate in its most sacred sense, for, as one of the professors of the college has said, "a broader pile than those of olden time, erected to Æsculapius or Hygiea, shall here arise, for it shall be devoted to truth and humanity." What words! They embrace all the good, or nearly all the good, that we knew in the world. These words were used in promise, but, from the character of the gentleman and his brotber professors, I believe you will all join with me in believing that that promise shall be fulfilled.

Perhaps, medicine and surgery are two of the most important branches of learning in the world. The man who studies and masters them is capable of alleviating pain, of arresting disease, and of prolonging life. The whole human family is deeply interested in the manner in which the men who come here for instruction shall be taught. And here, I hope, the young men who are seeking instruction will not deem me presumptious if I say a word to them. To many of them this place is strange. To all of them it is the place where they are to receive the education which they are seeking. This building is ready prepared for them, and professors, acknowledged to be competent, are ready to impart the knowledge that they seek here. All that is necessary to insure success, is for them diligently, conscientiously, and soberly to pursue the studies that are allotted to them.

I would like to illustrate what I mean, by the recital of a little incident. I once asked a young man, a student at college, a question, for information. Knowing the course of his studies, I thought it was likely he could answer the question. He replied that he could not, that he had once known it, but that he had forgotten it. A gentleman who was standing by (long since dead), a wise man, said that he could not understand how a man could ever forget what he once really knew. That is what I

want to impress upon your minds. I hope that every lesson that is presented to you here, you will receive and grapple with, study and mature, and know, and I believe you will never forget it. [Applause.] If you do this, you will realize the hopes of your parents; you will become the pride of your friends, and the admiration of the public. And every one now present hopes you will do so. They feel a deep interest in this matter, as is evinced by their presence here to-night.

I sincerely hope and believe that everything that is done within the walls of this college will be wisely and well done, for the benefit of the people, for the benefit of its pupils, and for the honor of its faculty. [Much applause.]

PROFESSOR GUNN.

Moses Gunn, M.D., Professor of Principles and Practice and of Surgery and Clinical Surgery in the college, then addressed the assemblage as follows:

GENTLEMEN:—

In behalf of my colleagues, I bid you welcome! Welcome to Chicago; the young giant of the West! Welcome to Rush Medical College, and to these halls which we this day dedicate to Science and Humanity.

You compose the twenty-fifth class which has annually assembled here, on what has become classic ground, seeking after truth in medicine; truth ever simple and yet often elusive; which lies not unfrequently immediately before us, while with strained vision we attempt to pierce the dim and smoky distance to discern it; which from its very simplicity is oftentimes completely hidden from a search which looks for it only enshrined in deep and difficult mystery.

Annually, for the past twenty-five years, in search of this gem have your predecessors come up hither; with what of success let their individual history in the teeming North-west, with its cities, villages, and expanded plains, and its ever increasing population, and, also during the late protracted and bloody war, tell.

Twenty-five years! In the longest life an extended measure;

in the history of human events a pitiful period; and yet, in the early history of a city or a nation, how important! And if measured by what is sometimes accomplished, how the little quarter of a century seems to sink its fractional character and assume the dignity of the full and unbroken unit.

Measured by her growth and achievements, Chicago might well rise to the full period of a century! What was she when the first little class assembled here under the auspices of the then infant College?

An old military post on the extreme North-western frontier had but recently became recognized as a town. Westward stretched the rich and undulating plain, on to the father of waters. Eastward the great chain of lakes afforded communication with the older cities of the continent. Aside from this summer avenue, the plodding team of the emigrant, and the mail of our venerable and common Uncle Samuel, transported as the exigencies of the season and condition of the roads would permit, constituted the only means of communication. Nestling on either side of the bayou lay the infant city. No broad avenues stretched off for miles over the plain, but low upon the oozy surface of the original prairie lay the yet limited streets. Reared upon posts stood the young city, the whole aspect verifying the need which found expression at a much later date, when the characteristic enterprise of the inhabitants rendered the idea not wholly improbable, to-wit: The issuing of proposals and inviting bids for a young earthquake to elevate the site to a desirable altitude. No railway network stretched out to the boundless regions on all sides, bringing to a common centre the more than Indian wealth of the country, and making here a granary for half the world. No temples of trade crowded compactly the streets, and upward reached for more ample accommodation.

No tunnel, at once the wonder and triumph of art, penetrated for miles under the majestic lake to draw from its chrystal fountain health and happiness for half a million.

No medical halls such as we this day dedicate invited such a class as we now welcome; and no Æsculapian orator had caught

the spirit of place-glorification, which outside barbarians assert to be the sign diagnostic of a Chicagonian, and held forth to the first class here assembled with that peculiar and diagnostic modesty. But, *In hoc signo vinces.*

On the contrary, a small and unpretending building occupied the spot; a little class of twenty-two students assembled here, and while the primary faculty were honestly, and earnestly, and successfully initiating this great enterprise, they dared not dream of the magnificent future. To that first faculty I would here acknowledge in behalf of the whole profession our great indebtedness. But one of that little band remains with us, and he, honored among all, is our crown of rejoicing.

But if on this ground has grown from a small beginning a great city and a great medical college, so that as compared with the original, the present appears to be a full fruition, we shall find that change and improvement are not confined merely to city and college. The science and art of medicine and surgery has, during the period which we are contemplating, made such advances as to elicit the admiration of him who watches its history, and to excite the pride of its votaries.

The student who sat under the first course of lectures in this institution, could he be transported over the interval without having participated in the advance of the profession, would find himself utterly bewildered and unable to understand much that he would hear in the course of instruction as now given. While the whole scientific world has been pressing forward in pursuit of undiscovered truth, medical men have not been surpassed in industry and zeal, nor have the fruits of their labors been few or scanty.

In chemistry alone a new science has almost been created. Old fields have been reworked and new ones explored; and not content with the elements and organisms of earth as presented in its vast laboratory, swallowing up bodily the new science of geology, and illustrating that its evidences are but the result of chemical reactions in old earth's chronology, the chemist has pushed his investigations into other spheres, and in his spectral analysis vies with the astronomer in the study of those remote

fields. The domain and laboratory of chemistry is the universe!

Within this period the microscope has mainly wrought out its great work, and Histology now claims its own peculiar dignity. Under its ministrations, too, Physiology and Pathology have extended their bounds and refined their processes.

Physiology then was dispatched in a few crude lectures, and these were usually given by the anatomist. The physiology of nervous action had then to offer as its latest and brighest work the reflex-motor action of Marshall Hall, which the intelligent physiologist of the present day knows to be but a single phenomenon in the list of reflex actions. The reflex influence of impressions upon organic changes, nay, the reflex influence of those changes upon other functions of nutrition; and the reflex influence of the normal processes of local nutrition upon one another; the influence of mind upon matter and matter upon mind are but the operation of the same law. An elaborate paper announcing the discovery of the reflex secretory action of the nervous action was presented to the American Medical Association, at its session in 1857, by Prof. Campbell, of Georgia. Marshall Hall, himself, admitted the discovery, and hailed it as a twin companion to his own, thus publicly complimenting his young American brother.

But it is within the knowledge of your speaker that the whole subject of reflex nervous influences, of which excito-motory and excito-secretory actions are but constituent parts, was taught as early as 1850 in the University of Michigan by the present incumbent of the chair of practice of medicine in this institution, Prof. Allen. In his teachings and writings, too, are to be found the only explicit and comprehensive exposition of the whole subject of reflex nervous action that has ever fallen under my observation.

Fresh then, were the experiments of Beaumont upon the stomach of the soldier, Alexis St. Martin, which interesting and valuable as they were, have required the scrutiny of subsequent analysis to correct many of the first conclusions and expunge not a few gross errors.

Therapeutics as a *science* has almost been born within this

period. While Materia Medica was as colossal (God save the mark!) then as now, the philosophy of the action of remedies, not mere medicines, has claimed paramount attention, and general Therapeutics to-day commands far more study than mere materia medica.

Pharmacy, the hand-maid of materia medica as taught and practiced to-day, would hardly be recognized by a member of the profession who had indulged in a Rip Van Winkle nap. Crude processes and gross preparations have been supplanted by delicate manipulations and the active principles of medicines. The doctor no longer bestrides his Rosinante with his pannier-like saddle-bags stuffed with the crude *materiel*, nor does the table in the sick-chamber look like an apothecary's counter. Organic chemistry enables the pharmaceutist to fill our prescriptions with efficient, concentrated and non-repulsive remedies.

Practical Medicine has, also, during the period which we are considering, undergone a no less marked change and improvement. A more general and at the same time clear, definite, and intelligent view, and application of nervous influence upon normal and abnormal action; and the use of such influence in allaying disease and promoting health; a more confident reliance on inherent recuperative power, and the ability to excite, control, and modify that power and marshal its force, and command its aid in the cure of disease; a much more guarded resort to powerful and uncontrollable means and depleting medicines; a growing tendency to look to the general condition of nutrition as a means of cure, as, for example, in the management of phthisis and kindred conditions of the system; the influence of pure air, cleanliness, and light, as seen in the management of hospital wards, and sick chambers, in private dwellings; all these considerations mark the progress in medicine since the days when Eberle wrote, and the mass of the profession in this country followed his directions, or, if differing with him, still relying as confidently as he on the mysterious power of medicine to combat and cure disease.

Surgery, too, has felt the influence of the times. First, in importance, as well as chronologically, is the discovery of a

means of producing a state of complete anæsthesia, a discovery which was the dawning of a new era in surgery. Not merely the ability to perform operations without pain to the patient, or even to perform at will, hitherto almost impossible operations, constitutes the limits of this discovery. The relaxation which attends its full state, is a condition of the system which is oftentimes most desirable, and which was formerly sought to be established, in many instances, by a resort to nauseants, venesection, and the hot bath. Unconsciousness is at the same time frequently desirable, and in this double effect, are the power and influence of anæsthetic agents at once grateful to the patient and valuable to the surgeon. The honor of this discovery is American. Whether to Drs. Wells, Morton, or Jackson, individually, appertains the immediate credit, it is not my purpose to inquire, it is sufficient that it belongs to the period of time which marks our history, and that it is American.

That department of surgery which appertains to the eye, has also been marked by the most note-worthy advances. The ophthalmoscope, alone, has wrought great changes. It has opened up as rich placers as did the stethescope of Laænnec in another department, and at an earlier date.

Still more recently, the laryngoscope has enlarged our means of observation in another field; while the endoscope, with still greater enterprise, enables us, almost,

> "With optics sharp, I ween,
> To see what is not to be seen."

The late war has also afforded means for successful study, which have not been neglected, and the accurate observations in reference to the pathology of pyæmia and hospital gangrene, have resulted in such a development of their pathology, as to direct to a rational and eminently successful treatment, both prophylactic and curative.

In all departments of our profession, progress has been the watchword, and in those branches which more nearly approximate the fixed sciences, and which, consequently, afford fewer opportunities for advancement, improvement in method, and refinement in process have been as marked and decided, as discovery has been in others.

But, Gentlemen, I have not thus alluded to the achievements of our science in a spirit of vainglory. I would not underrate the labor and advances of any period previous to the last quarter of a century. I would not even attempt a comparison which might be deemed invidious between any period and that which I have contemplated. Each century, and even each decade, has had its own success and glory, and stretched along the whole history of medicine, are the records of labor, some plainly and unmistakably saying to us, This is the way, walk ye in it; others, like beacon-lights, warning us off the rocks and sands of error. And so it must continue to be. As long as there is yet a truth to be discovered, many failures to a single success must occur. But for every success there is ample reward, though accompanied by a thousand failures.

I have indulged in the line of thought which I have followed, rather to encourage and stimulate hopeful effort on your part. By so much as we have advantage over those who have preceeded us, may, and probably will our successors realize improvements upon us.

Appreciation of ancient truth does not demand of us unbounded credulity. It does not require us to accept as truth all that is ancient, simply because it is venerable; neither does it expect us to shut our eyes upon the glory of the present because it has not the dust of ages upon it. There is a class of men, represented largely in our profession, whose veneration is profound, and leads them to see no good in the present, except that it was born in the past; who constantly exclaim there is nothing new under the sun. From such veneration, in the language of the litany, "Good Lord deliver us."

But, on the other hand, appreciation of modern discovery does not require us to sneer at the past because its measure was not full; nor should we make the mistake of regarding our own period as the culminating point in the history of medicine. That point, gentlemen, will never be reached. The grand day of science will have no declining sun; but the glorious orb of truth will ever rise higher and higher, and shine with ever increasing refulgence, until the universe shall be lighted.

When shall that be? When *all* shall be known; when we shall know even as we are known. Would you estimate the period by the lapse of ages? Attempt if you can to conceive of the amount yet unknown, and when your mind can begin to take in that conception, then commence to measure the day of science.

We are yet but in its early morning, a morning to be succeeded by no noon, no evening, but by an ever brightening day. With this conception of the situation, with this idea of the relation of the present to the future, there is no ground for indulgence in vain glory; for vain indeed would be any glorification which forgets for a moment the littleness of the present, when compared to the probabilities of the future. As our perceptions of temperature are relative only, so our estimate of the present state of science must be relative. It may be great compared with the past, but what is it when we look forward to the possibilities of the future? It is yet the day of small things, and our pleasure as well as our duty, should be to work earnestly, as opportunity offers, and opportunity is not rare; we can hardly miss it; our fault is rather in a disposition to select from the mass, than avail ourselves of that which is immediately before us. Whatsoever thy hand findeth to do, do it with thy might. Work is and must be the motto and lot of every successful man; it is so, *par excellence*, with the student in the science of medicine. There is no short high road to advanced learning; but by study, thought, experiment, and observation, the race must be won.

Most medical men study more or less; they also are, as a general rule, good observers; a few experiment, but, alas, how very few seem to *think!* and I confess that it has sometimes occurred to me that those who conduct large series of experiments seem to think the least. I have spoken of medical men because I am speaking to you who are to become such; but I would not be understood as criticising my professional brethren, as peculiarly disinclined to reflect. The remark applies to all men. Mankind is prone to accept the *seeming* rather than search out the real; to accept a received explanation rather than labori-

ously to critisice it. It is not enough to study, to observe, to experiment, we must do more; and in this connection let me impart this injunction: *think!* whatever you do, *think;* study, but *think;* observe, but *think;* and especially, if you experiment, *think.*

It is easy, by study, to possess yourself of the thoughts of others, to appropriate, assimilate and make them your own; but you may do this without ever indulging in the luxury of a thought of your own. You may observe extensively, and yet, like a crab, you shall even go backwards for not pondering well upon what you have observed. You may experiment till you draw down upon your devoted heads the persecution of a sentimental Bergh and his colaborers, who are themselves an example of observation without thought, and yet never penetrate deeper than the simple fact or phenomenon which is the immediate result of your experiment.

Therefore, gentlemen, I again repeat, *think.* Think for yourselves; contract the habit of thinking, and with the practise will come increased ability to study, observe, and if you choose, experiment. But while thought will not take the place of study and observation, it is the soul of both. Without it, either study or observation is the Adam into whom the breath of the living spirit has not yet been infused. It is the ovum without fecundation, destined only to blight and decay.

But, perhaps, I should be more explicit in this injunction. Men differ in intellectual power, and, in accordance with this general proposition, you are not all mentally equal. To one is awarded only mediocre powers, while on another are bestowed both brilliancy and profundity. Neither are you all equally advanced in education. To some, the advantage of free and generous culture has been abundantly given, while others are struggling in their course with the impediments incident to an imperfect education.

In medical advancement, too, you will be found to be widely different. Some are but just entering upon their course, while others are well advanced, and are more or less familiar with all matters appertaining to medical and surgical science. It is

evident that the ability to think correctly and advantageously upon the various subjects of your study and observation will vary with the different orders of intellect, and the varying degrees of culture. Still my advice applies to all. None need be so deficient, if at all qualified to pursue medical studies, as to accept all that he hears, reads, or observes, as truth, so positive and unqualified as to need no other effort of the mind than that involved in the act of appropriation. The merest neophyte though incapable of calling in question anything that is presented to his understanding, should, by earnest thought, endeavor to detect the reason for whatever he hears, reads, or observes. Not only will this mental process fix the subject of this thought, and constitute in itself the most perfect means of assimilation, but it will prove a method of mental training that will develop power and facilitate future effort.

As the student advances in his course, and attains a standard of acquirement that gives him a stock of well established and undoubted truths, he should, in addition to the search for the reason of things, compare his result with these standard truths, and thus another step in advance is taken. His stock of the actual is constantly increasing; and not the actual only, but the reason thereof, and the relation which it sustains to other facts and phenomena. Prove all things, hold fast that which is good. Accept nothing simply because you read it, or hear it, or, even, *see* it. Subject all things to careful mental analysis, and, finally, believe, not because you have read, heard, or seen, but because it is recommended, *per se*, to your individual judgment. Let your religious belief be a matter of faith, but let me warn you against receiving your scientific creed on the same basis.

Faith is an excellent quality in your patient, for oftentimes he will be obliged to indulge in the substance of things hoped for, the evidence of things *not* seen; but on your part, it will be better both for science and humanity that you believe nothing, literally nothing, till proven.

As students, sitting at the feet of your Gamaliel, even though you may have good reason to distrust your own judgment, and

feel greater, far greater confidence in the author you read, or the professor you hear, still make the effort to go through with the process which I have recommended, before finally deferring and believing.

You will thus strengthen your own power and gradually acquire independence and accuracy of thought. You will acquire, too, the power of discrimination; a power of weighing and comparing before deciding. The medical man finds a great amount of conflicting, or apparently conflicting evidence, and like the jurist, he must weigh, compare, sift out, reject this, and accept that, all, too, in accordance with established law. Thus the law becomes purified by rejection and amplified and perfected by slow crystalization. Our circle of knowledge is expanded and the domain of truth is enlarged.

Another habit of thought should also be cultivated, *viz.:* the seeking after the *soul* of the truth. As there is a soul of goodness even in things evil, there is an innermost kernel to all subjects, an element by which and through which it differs from all other similar subjects with which it might be confounded; it is in virtue of this element that the truthfulness consists. A clear and definite conception of this element only, will enable you to master a given subject, and so long as you fail to detect it, the real truth remains hidden from your view. A loose, general, and vague idea you may have, even as one sees an object, through a foggy atmosphere, without being able to discern its exact form, its individuality. It is the fault of many minds to be satisfied with such a view, and to neglect the labor incident to the full defining of the picture. It may be that all effort will fail in some instances to bring out the details clearly; but the effort should, nevertheless, he made to attain a clear and definite perception of what I have termed the soul of the truth.

To illustrate: Volumes have been written, and more said on the subject of inflammation; all the phenomena thereof have been enumerated and the changes rung on them. Concise definitions have been attempted and criticized; and by some it has been said that such a thing as a correct definition of the

subject was an impossibility. All observers, of any experience whatever, recognize an inflammation when they see it, and yet many will fail to discern in just what it consists.

Let us now make an effort to obtain a view of some one circumstance in reference to inflammation, by which it differs from all other similar conditions. It is not pain, heat, redness, nor swelling, nor all of them that constitutes the condition under consideration, for any one or even all of them may be present without the part being in such a state.

The blush which mantles the cheek of shocked and offended modesty, when extreme, may cause it to burn and tingle with heat and pain, while the actual engorgement of the vessels supplies the redness and swelling.

Blood may flow in greatly increased quantities *to* and *through* a part, invited to do so by an increased activity of normal local nutrition, producing even active hyperæmia. This may serve a temporary and useful purpose, examples of which will occur to the mind of any medical man; or, it may, if long continued, result in hypertrophy of a part; but so long as the local nutrition is only stimulated and increased in activity, so long as the advance and retrograde changes exactly balance each other, there is no inflammation. But the instant that this active hyperæmia is attended by oppression and impairment of local nutrition, inflammation begins, and in this impairment or suspension it consists; and just so soon as normal local nutrition is again established, inflammation has ceased, even though active hyperæmia may yet remain. This is the key to the whole subject. *It is the soul of the truth.*

Another illustration: You attempt the study of *ulceration;* you read author after author; you watch the process at the clinic, and the probabilities are that you will obtain a confused idea of disintegration of tissue, mortification in miniature and absorption, attended by suppuration. Confusion worse confounded! But careful observation of the process, in numerous instances, and correct analysis of what you observe and read will clear up the subject, and isolate the identical characteristic of ulceration. Disintegration of tissue in particles, or mortifi-

cation in miniature is not ulceration, for, pathologically, mortification is the same whether in miniature or on a colossal scale. Suppuration, although a frequent attendant on ulceration, is not a necessary part of the process; but by observing the ulcerative process you will see that tissue disappears, sometimes without crumbling away by mortification in miniature or even being attended by suppuration. What has become of it? It is not volatile, and can not have vaporized; only one other method of disappearance is left, and that is by absorption; an absorption that destroys the integrity of tissue; and here we arrive at the isolated characteristic of ulceration, *viz.*, *destructive absorption of tissue.* In this it consists and in no other process.

Thus, gentlemen, you should *think; reflect* upon each and every subject which you enter upon, and endeavor to arrive at the *soul of the truth.*

But there is one matter especially which I earnestly recommend you to carefully consider and endeavor fully and perfectly to comprehend. It is expressed in the answer to the question, what is disease, and how can it be prevented, alleviated, cured?

I do not purpose to attempt an answer to this question at this time. That answer will be found permeating the whole course of instruction which you will receive in this College.

But I warn you against regarding disease as a subtle essence which invades and permeates the animal being, to be charmed away by incantations or other spiritual means, on the one hand; or on the other, as a hydra-headed monster which, in various forms, enters the fair citadel, to be ejected only by medicinal potations, either great or small. Learn rather to look upon the human fabric as a delicate organism which for a time is the seat of a vital force, which, springing from the throne of the Omnipotent, wrests matter from the action and sway of mere chemical affinities, seizes chemical laws and harnesses them to its own work; permitting them to have full and unrestricted action in one place, modifying and controlling them in another, while in still another they are bound hand and foot; and the elements, like the lion and the lamb, are made to lie down together in peace and harmony.

This intricate and delicate organization is the seat of numerous functions all subservient to the existence of the whole, and playing upon one another by a system of direct and reflex influences, which, in harmonious action, conserve the object of its creation — a *limited* existence.

A derangement in any single function exerts its influence upon others, and thus, by destroying the harmonious action of all, tends to shorten even the natural limit of existence. *This is disease.*

To learn to detect it in its primary, and all its secondary lesions, and to correct it — to recognize the causes which produce it, in order to obviate them, is your mission. In that mission, I bid you *God speed*, and in behalf of my colleagues, I pledge you our hearty coöoperation and assistance.

THE SUPPER.

Professor J. V. Z. Blaney then announced that the regular lectures of the coming course would begin at 9 o'clock in the morning, and stated that the faculty had prepared an entertainment for the *alumni*, in a room above, to which they would invite the trustees, members of the regular profession, the College of Pharmacy, and the students.

The benediction was then pronounced by the Rev. Professor Swing, and those included in the invitation repaired to the dissecting-room, where the deceased bodies of fowls, pyramids of ice cream, cake, and other delicacies, were spread out for dissection.

Professor Allen took the head of the table and did the honors in a short speech.

After a time spent in social conversation, the company dispersed, mentally and physically gratified with the exercises of the evening.

A HANDSOME GIFT.

A fine set of surgical instruments, worth $700, has been presented to the institution by Tieman, the celebrated manufacturer, of New York, and was on exhibition in one of the rooms, to the admiration of the profession.

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FIBROUS POLYPUS OF UTERUS---REMOVAL BY LIGATURE.

By G. W. PHILLIPS, M.D., Dixon, Ill.

In order to make the report of the following case more intelligible, I shall premise it by reference to well-established facts, relating to the pathology and treatment of uterine tumors. These facts, being mainly obtained from the "Lectures of Dr. Charles West, on Diseases of Women," whose work contains the results of the collective observations, and experience of the best observers, upon the subject, and whose language I have freely quoted.

Ovarian dropsy, and tumors, as well as cancer of the uterus, need not be considered in this connection, but those less fatal, and non-malignant tumors of the womb, that affect some part of the body or cervix. "Hypertrophy of the uterus is more frequent than of any other organ, and each of its component tissues is liable to a similar overgrowth," constituting tumors. When the mucous membrane of the cervix becomes hypertrophied, small pendulous or sessile tumors are formed, composed wholly of an overgrowth of mucous membrane, called "mucous polypi." "If a larger quantity of cellular tissue enters into their composition," they become somewhat larger, and are "made up of fibro-cellular tissue, having an investment of cervical mucous membrane."

"More frequent than the last-mentioned tumors are those of a more complex character, into the formation of which there enter, not only the mucous membrane of the cervical canal, or its hypertrophied cellular tissue, but also the large mucous follicles of the cervix," and constituting the "glandular polypi."

Sometimes, these mucous follicles, or Nabothian glands, are hypertrophied, forming small "cysts," "without any outgrowth of the mucous membrane, or proper tissue" of the cervix. These growths, so far considered, are the simplest forms of uterine tumors, of small size, and almost always proceed from the cervical mucous membrane, and nearer the external than internal os, rarely springing from the mucous membrane of the body of the uterus. When the muscular walls, or proper tissue of the uterus, takes on an overgrowth, the *fibrous tumor* is produced, in "structure almost identical" with the uterine tissue—very frequent in their occurrence—may occupy any part of the exterior or interior of the womb, more frequently proceeding from the posterior wall, and are "rarely solitary, several tumors usually being present at the same time, one or two generally outstripping the others in their growth." They may be "developed immediately beneath the peritoneum that covers the uterus." These "superficial growths are generally limited to the fundus, more frequent on the posterior than anterior surface, and generally remain of small size;" may "proceed from the thickness of the uterine walls, and grow outward toward the cavity of the peritoneum, or inward toward the cavity of the womb, the former mode being the more frequent;" or may remain imbedded within the walls of the uterus, with no tendency to project outward or inward.

The tumors that grow outward are connected with the uterus by a thick pedicle, into which uterine fibers enter, but are not invested by uterine substance, like those that grow toward the cavity of the womb." "When they grow internally, they are sometimes positive outgrowths from the uterine tissue," their texture, and that of the uterus, being interwoven together, "and are often much more abundantly supplied with blood than

the other varieties of these growths." The pedicle of the tumor is formed by uterine and dense cellular tissue, its proper coverings being the uterine mucous membrane, which envelops it completely, and a layer of uterine substance which, in some cases, invests it partially, and in others, completely, the mucous membrane and muscular tissue "undergoing development somewhat in proportion to the tumor;" such being its coverings, instead of "a fibro-cellular capsule of an ordinary fibrous tumor," and which constitutes that form of fibrous tumor called *fibrous polypus.*

The other varieties of fibrous tumors are distinct from the uterine tissue, whether imbedded in it or projecting from it, and are invested with a more or less complete "capsule of fibro-cellular tissue."

"Whatever the point of origin" of fibrous tumors, and whether they grow outward toward the cavity of the peritoneum, or inward toward the cavity of the womb, "they usually have a tendency to form a neck or pedicle," an important fact to be remembered.

"The influence which these growths exert upon the uterus is in proportion to the intimacy of the relation between the tumor and womb, rather than to the size to which the tumor attains." "When situated external to the womb, and growing into the peritoneal cavity," the tumor may acquire "an enormous size," and the uterus be perverted in shape, but little increased in size. A tumor imbedded and growing within the uterine walls developes the uterus similar to pregnancy. "The growths that project into the uterine cavity" produce a great increase in the size of the womb, not only from the expansion of its walls by the pressure of the growing tumor, but by an actual hypertrophy or growth of its substance.

Fibrous tumors sometimes exist, even of large size, without disturbing the functions of the organ at all. The constancy of the symptoms is generally proportionate to "the intimacy of the relation between the tumor and womb." "The growths which proceed from the outer surface of the womb often produce no symptom except such as may be due to their mechanical pres-

sure upon adjacent organs, whilst those that are imbedded in the uterine substance almost always disturb the functions of the organ, even before they have attained any considerable size; and the polypi, or growths, which occupy the cavity of the womb, attract attention, almost from the first, by the hemorrhage they occasion;" the source of the hemorrhage was formerly thought to be from the tumor, or polypus, but is now considered to be from the irritated mucous membrane of the uterus.

There are several different methods by which nature attempts a cure, and sometimes cures fibrous tumors. That variety of fibrous tumor, that grows into the uterine cavity, has a "constant traction" exerted upon its pedicle, by the contractions of the uterus, gradually stretching and attenuating it, until it finally gives way, or is snapped off by the violent contractions of the womb; or, the margins of the os uteri may constrict the pedicle, and strangulate it, ligate it, as it were; or, "a portion of its investment," or covering, may ulcerate, and the tumor "gradually shell out"; or, "a change takes place in its substance," allied to softening, its tissue becoming gradually disintegrated, and flowing away as an offensive, dirty matter; this "is not a process of inflammation," with any of its results, but takes place without any symptoms of inflammation. I have met with one instance of the spontaneous cure of a fibrous tumor by this process. The tumor had existed for twenty years, the woman, for ten years, not being able to walk, and for two years, confined to her bed. An offensive discharge commenced to flow from the womb, and after a lapse of several years, the tumor disappeared, no doubt undergoing softening and disintegration. A process o softening, or death, often takes place "in the lower part of fibrous polypi, where they project through," or against "the os uteri"; "the mucous membrane covering it ulcerates, and thus being deprived of its most important source of nutrition, the adjacent surface of the tumor loses its vitality," and becomes disintegrated, the softening and death extending, perhaps, to the entire tumor; or, the tumor may undergo "the cretaceous transformation." These pro-

cesses of softening and calcareous transformation are similar to what sometimes takes place in a tuberculous bronchial gland, or tubercle of the lungs. In those cases in which a cretaceous transformation of a fibrous tumor takes place, the growth has no longer a "vital relation" with the womb, consequently, the "derangements of function, which it produced, diminish or disappear"; in some rare instances, the calcareous mass is expelled. Tumors growing from the peritoneal surface, sometimes become spontaneously detached, the pedicle being, probably, absorbed, and the tumor becoming fixed near its point of origin, by "false membrane," its vital connection with the uterus having ceased. Fibrous tumors are, probably, never removed by absorption.

I have mentioned the methods by which nature sometimes effects a cure in cases of fibrous tumors. Art has several modes. Little or nothing can be expected from the use of medicine in these cases, except it may possibly be "to retard their growth" by the use of iodine, or bromide of potassium. It is only by surgical interference, that our art is of avail.

Those fibrous tumors that grow into the uterine cavity, having a neck, or pedicle, may be removed by excision, ligature, by the ecraseur, torsion, and by the "galvano-caustic wire."

The removal by ligature, has been the mode most commonly practiced, on account of the supposed less danger from hemorrhage, than by excision, yet experience has proved that the per cent of danger, from hemorrhage, by excision, is very small, even if the pedicle be large, fibrous tumors, or polypi, even having been "been cut away peicemeal," without dangerous hemorrhage. In the use of the ligature, there is more danger from purulent infection than by any other method, requiring several days to complete the operation, and subjecting the patient to greater inconvenience.

The operation, by means of the ecraseur, is a combined crushing and cutting process: a metalic ligature, like a chain saw, without teeth, or a wire rope, or cord, composed of many strands of annealed iron wire, twisted together, is carried around the neck of the tumor, then, by means of an apparatus to which

the ligature is attached, and in which it works, drawn slowly and with great force, until the pedicle is cut and crushed off, thus obviating the small per cent of danger, from hemorrhage, attendant on excision, and rendering the danger from pyæmia very much less than by ligature. The method by torsion, or twisting, is only applicable to small polypi with slender pedicles.

The operation by means of the galvano-caustic wire, is a combined cutting and burning process: a platinum wire is passed around the pedicle of tumor, then heated, by a strong current of galvanism passed along it, the hot wire being dragged through the tissue by an appropriate handle. This method would seem to be preferable to all other modes, so far as danger from hemorrhage and pyæmia are concerned, but requires a battery of great power.

Those growths, that lie imbeded within the uterine walls, or grow outward into the peritoneal cavity, have, in some instances been removed, either "by enucleation through the os, or lower segment of the uterus," or by abdominal section, in some instances, the uterus being extirpated with tumor, but these operations have been attended with great fatality. Of late years, however, a greater proportion of successful cases have been reported of the extirpation of the uterus for fibrous tumor, by the knife, or the ecraseur, the latter mode being considered the better, mainly on account of the less liability to hemorrhage. One of the most remarkable operations of this kind, was recently performed by Dr. Storer, of Boston, a report of which was published in the *Amer. Jour. Med. Sciences*, for January, 1866.

Keeping in view these facts, as regards uterine tumors, the main points of interest in the following case will appear more clearly:

Mrs. H——r; age 41; dark-brown, reddish hair; fair skin; nervous, sanguine temperament. Previous history, eight years ago, soon after the birth of her last child, hemorrhage commenced from uterus, occurring not only at the monthly periods, but between them. I first examined her in the Spring of 1865, diagnosed a fibrous tumor growing within the uterine walls.

Her general health during this period has been poor, being anæmic from loss of blood, but still has kept about, except at those periods of the occurrence of hemorrhage, at which times she also suffered severe pain.

December 31st, 1866. For some time past, she has had, every two weeks, severe pains, the character of which have been more "like labor pains," but unattended with hemorrhage; in fact, the hemorrhage, for several months past, has been growing less. The cause of the cessation of the hemorrhage is not clear to me. Dr. Charles West, in his Lectures on the Diseases of Women, claims that the hemorrhage takes place from the uterine mucous membrane, and that "tumors hanging by a pedicle into the uterine cavity are attended by one invariable symptom, *viz.*, hemorrhage;" that it may cease suddenly if the tumor escapes into the vagina, or if its vital connection with the uterus ceases from those spontaneous changes, before alluded to; but in this case, none of those conditions occurred, yet the hemorrhage ceased. The abundant leucorrheal discharge, which has from first been a persistent symptom, has continued, mixed with debris from the tumor, the investing mucous membrane of which can be seen through the speculum to be ulcerated, at that part of the tumor that presses against the os, the adjacent part of the tumor having become softened, and disintegrated, an offensive, dirty, white discharge resulting. Os, dilated to the size of a silver half dollar, when uterus is not contracting, and rigid, closing tightly around the finger, when contraction comes on, the tumor being pressed firmly down against the os, filling up and engaged in the superior strait, as to size, feeling like a child's head at full term. The neck, or pedicle, feels as large as one's wrist, appearing to proceed from the posterior wall, and fundus of uterus; its attachment to the uterine walls cannot be clearly defined. I supposed, however, that I had ascertained the limit of the attachment inferiorally.

The base, or that part of the tumor presenting, is easily compressed, and has a very elastic feel, the neck is more firm. The tumor, nearly two years ago, being characterized by greater density, and hardness, and very much larger. The

abdominal tumor extends as high as the umbilicus, occupying the space to the right, between the median line and crest of right illium.

She has obtained relief from the acute pain, by use of tinct. opii., taking f. ʒvj., in two hour's time. The pain from the violent contractions of the uterus is so severe, that the tinct. opii., even in these large doses, fails to give relief. I accordingly introduced within the os uteri, 15 grs. of the solid extract of opium, every six hours, which gave comparative relief from pain, and aided much in relaxing the os; at times, the pain was so severe, that chloroform was given by inhalation, in addition to the opium. After a few days had elapsed, when she had become comparatively free from pain, I commenced to dilate the os, by means of sponge tents, preparatory to removal of the tumor. This method of dilating the os, was, I believe, first brought to the notice of the profession by Prof. Simpson, of Edinburgh. In about ten days from the time I first commenced the use of the sponge tents, the os had become dilated to the size of a circle two inches in diameter, and soft and dilatable, the base of the tumor presenting within the os.

January 15th. It was now determined to remove the tumor. Appetite fair; pulse good. Drs. Everett and Law were called in, who rendered valuable assistance in the operation. The plan of operation, was to seize the tumor with the ordinary obstetrical forceps, as one would a child's head for delivery, bring it down beyond the vulva, or as low as possible, and excise it, as advised by Dr. Charles West, and other eminent obstetricians and surgeons; but in case this should prove to be impracticable, or very difficult, then to ligate it. The patient was placed upon her back, hips near the edge of the bed, legs and thighs flexed, and held apart by an assistant, chloroform administered, the forceps applied, the tumor, by steady traction, brought down, engaging in the inferior strait, rendering prominent and full the perineum, as a child's head would do, the base of the tumor appearing at the vulva, and, just as I expected, it was about to pass the inferior strait, the forceps slipped off, and the tumor partly returned within the uterus.

The forceps were reapplied, tumor brought down as before, when they again slipped off. They were applied a third time, and as the base of the tumor appeared at the vulva, a strong hook was thrust into it, and the tumor held down, as the forceps slipped off. The farther effort to bring the tumor beyond the vulva was abandoned for fear of producing inversion of the womb. The tumor, from its large size, filling up so completely the cavity of pelvs and uterus, making it difficult to use a cutting instrument, the plan of excising the tumor was abandoned, and a ligature applied around the supposed neck or pedicle of tumor, by means of Gooch's double canula.

The uterus became much reduced in size after the tumor was brought down, but the abdominal tumor still remained quite prominent, this was supposed to be accounted for by the large size of the pedicle, and the hypertrophy of the uterus, it was not thought that any part of the tumor was above the ligature, except the portion of the pedicle above, and attached to uterus. The tumor at the base was cleft, so as to form two lobes, pear-shaped, of a purple or dark raspberry color, elastic, easily compressed; it could not have been very vascular, as but a few drops of blood flowed, as the large, sharp hook was thrust deeply into its substance. The immediate constitutional effects of the operation were not severe; the pulse, during the operation, was full, and strong. She was now given, within two hours, f. ʒvij. of tinct. opii., and five hours after the operation, free from pain, skin warm, pulse full, a little sleepy—the tinct. of opii. was continued in f. ʒj. dose every two hours for twelve hours.

Three days before the operation, I commenced to give sulphite of soda, grs. x., every three hours, to guard against blood poisoning, which was continued until after the tumor had all sloughed away. Injections of a weak solution of chloride of soda were used as a disinfectant.

January 17th. Two days after the operation, she had a rigor; pulse 120 to 134, quick and weak; within an hour, the pulse became less frequent; not so weak; skin warmer, and perspiring. This attack was simply miasmatic, induced by the shock

of the operation. Diet generous—oyster soup, soft boiled eggs, etc.

January 20th. Uterus contracted down to less than half the size it was before the operation, the tumor sloughing, and presenting outside of vulva, ligature still attached, and canula coming down with the mass. Upon examination, I find, that as the double-lobed mass passed out of the cavity of the pelvis, having shrunken to a-fourth of its original size, another mass or lobe, two-thirds the size of that ligated, had been expelled from uterus into the cavity of the pelvis, being harder, and less elastic, than the other mass. At the time of the operation, only that part of the tumor that was double-lobed, or the inferior section, (as shown by drawing No. 1,) was ligated, the upper

Before the Operation.

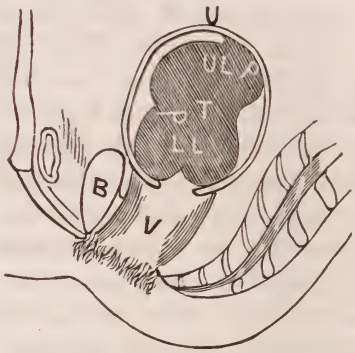

Fig. 1.

U. Uterus. T. Tumor.
B. Bladder. U. L. Upper Lobe.
V. Vagina. L. L. Lower Lobe.
P. Pedicle.

After Lower Lobe had been brought down into cavity of pelvis, by means of the obstretrical forceps, preparatory to ligating the neck of lower lobe.

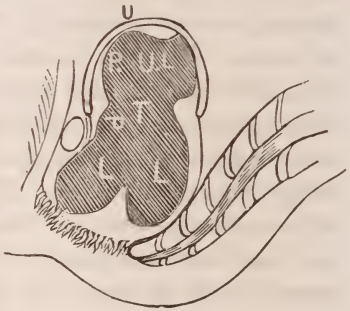

Fig. 2.

U. Uterus. T. Tumor.
U L. Upper Lobe.
L. L. Lower Lobe.
P. Pedicle.

section, or third lobe, not having been brought down out of cavity of uterus, but after the inferior section had sloughed and shrunken, the contractions of the uterus expelled the upper section into cavity of pelvis, and the inferior section, outside the vulva. The inferior, or bi-lobed mass, was now drawn farther out of the vulva, and the neck excised, the ligature having nearly cut through, and the neck of the superior section, or lobe, ligated. It will be seen, (as the drawings show,) that

the tumor consisted of two sections, and two necks, or pedicles, the superior mass being attached by a short, thick, firm pedicle, to the body and fundus of uterus, posteriorally, the inferior section being attached to the lower part of the superior, by a short, thick, less firm pedicle.

After removal of Cerva Lobe.

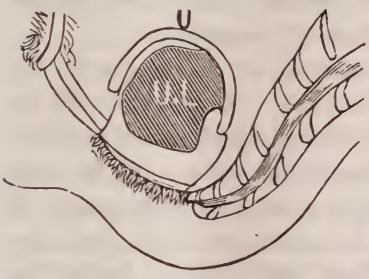

Fig. 3.

U. Uterus.
U. Upper Lobe after the lower was removed.

After Operation was completed.

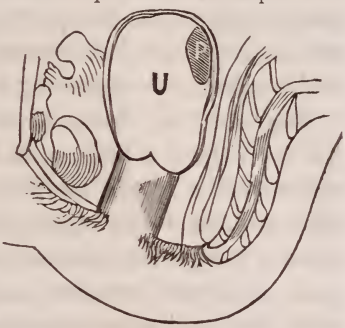

Fig. 4.

U. Uterus.
P. Pedicle of Tumor.

January 31st. The 11th day from the application, the second ligature became loose, and the superior section of tumor, taken away. The entire mass of the tumor, before it had shrunken, would have weighed three or four pounds.

Immediately after the tumor was removed, I made, with the finger, a careful examination of that part of the pedicle remaining attached to uterus. The neck, or pedicle, was large, nearly or quite two inches in diameter, and having an extensive attachment to the body, and fundus of uterus, commencing at about the junction of cervix with the body, posteriorally, it was attached to posterior wall, forming a long thick ridge, running up to fundus, the limit of the attachment superiorally, I was unable to define clearly, as I was not able to reach to the depth of the uterine cavity. The attachment, inferiorally, was well defined, the pedicle feeling hard and smooth, the ligature having cut through the pedicle at this point within half an inch of the uterine wall; that part of the pedicle above was not so firm and smooth, but not elastic.

It will be seen by the drawings, that the ligature could not have been placed any higher, on account of the manner of the attachment of the pedicle. The considerable portion of the pedicle remaining, composed of uterine and dense cellular tissue, will become atrophied, and gradually disappear; the function of the pedicle, of transmitting blood to the tumor, having ceased, experience has proved that if another tumor occurs, it will be from the development of another and distinct growth, and not from the remaining portion of the pedicle.

The 12th day from the entire removal of the tumor, the patient walked a little around the room. At this time she was taken with a serous diarrhœa, with pain and tenderness over right hypochondriac region and ascending colon, with, at times, nausea, the portal system being in a state of hyperæmia. A great variety of remedies have been used, to check this diarrhœa, but with no permanent effect. At this date, August 6th, it is much better. Notwithstanding she would have a dozen quite copious, thin dejections in the twenty-four hours, she did not emaciate, but steadily gained in flesh and strength, keeping a good appetite; skin warm; veins full. I have, therefore, been led to the opinion that the diarrhœa is vicarious and conservative; that the system having been habituated to a daily drain of blood, or leucorrheal discharge, for years, when that drain was cut off by removal of the tumor, the congestion of the uterine system ceasing suddenly, that of the portal became congested, and took on the habit of depletion, which before was performed by the uterine system. The discharge from the uterus, a few days after the operation, became purulent, and continued in small amount a month. Five weeks from the complete removal of the tumor, the uterus had so lessened in size, that it could not be felt above the pubes; at this time, she had a neuralgic attack of liver, with pain in loins, with a bloody discharge from the uterus, (evidently the menses), which continued in small amount for a week; five weeks later she again had a menstrual discharge, and six weeks later, again; the fourth appearance of the menses did not occur, until seven weeks had passed. In this connection, I may mention, that

during the continuance of the menstrual flow, the diarrhœa is much better, a fact going to show that the serous discharge from the bowels is vicarious.

Having for years been habituated to the use of opium, she finds it difficult to leave it off; in fact, she has had to take it, in order to moderate the discharge from the bowels, but her nervous system still requires, though to a much less degree, the stimulating effect of the drug, feeling weak and chilly when the effect wears off; she is gradually lessening the amount taken. Her general health is more than fair; attends to her domestic duties.

The history of this case shows that the tumor commenced to grow within, or was an outgrowth from the thickness of the uterine walls, and as it increased in size, grew toward the cavity of the womb, for a time having no neck, or pedicle, but as the growth increased, one was gradually formed. At the time of the operation, nature was making abortive attempts at a cure; the uterus, for some time, had been attempting to expel the tumor from its cavity, and had there been no interference, the organ would, eventually, have expelled the mass into the cavity of the pelvis, and, probably, a portion of it beyond the vulva; the softening and disintegration going on at the base of the tumor might, after a time, have extended to the whole of the tumor. The usual way, however, in which nature sometimes effects a cure in this class of fibrous tumors, or polypi, is in stretching and attenuating the pedicle, by the uterine contractions, until it finally gives way, or is snapped off by the violent efforts of the uterus. The prospect of nature effecting a cure by this means, was very doubtful, as the pedicle was so large and firm.

This was a case in which the operation by the ecraseur might have been practiced, and had I appreciated the value of the instrument, as I now do, I should have used it.

SPINAL IRRITATION.

By C. F. Hart, M.D.

Mr. Editor:—Of all the diseases that I have ever met with, this is the most strange; assuming various forms and a variety of symptoms.

June 10th. Was called to see a negro girl, aged 20; pulse slightly accelerated; respiration quick and short; skin soft and moist; tongue slightly furred; complained of pain in left side. When directed to take a full inspiration, there would be a catch, and she complained of sharp pain under the left breast. There was some nausea, and slight hacking cough; bowels constipated; abdomen quite tumefied. Supposing it to be a mild attack of pleurisy, I directed to be given hydrarg. chl. mit. grs. viij., quinia sulph. grs. ij., and if it did not act during the day, to give about sunset, mag. sulph. ℥ss.; mustard poultice over the affected region, to remain until the pain subsided, or it blistered.

To my great surprise, when I called this evening, the pain had shifted to the right side, extending up near the base of the heart; medicine not acted; had vomited once or twice during the day. Directed the mag. sulph. to be repeated, and in two hours after, if it did not operate, to use an enæma of warm water, and apply the mustard over the right side.

11th. The medicine has acted three times during the night, and she feels some better this morning. Pain in the side not troubling her; ate a little toast and drank part of a cup of tea; pulse normal; skin soft; some nausea—for which I directed potassa citras, grs. xx., in solution, every three hours, in a wineglassful of water.

12th. Not so well to-day; had rested badly; vomited several times during the night; pain in the side much worse; no cough; pulse 80; tongue heavily furred; skin moist. I now examined the lungs by oscultation and percussion: could detect no lesions; then the heart, the stomach, liver, spleen, and intestines, not being able to detect any abnormal condition of these organs. I then examined the spine, with the same result. No lesions

could be detected in any of the viscera; the pulse 80—near the natural standard—and had it not been for the vomiting, I should have concluded it was a case of malingerer. Such a thing as a satisfactory diagnosis, to me, was impossible. Could it be hysteria? Directed she should take a tablespoonful of aqua cal. in same quantity of sweet milk during the day.

13th. No better; vomiting continues; pain in the chest more acute. Directed a cantharides plaster, 8x12 in., and continue cal. aqua as before. *7 o'clock P.M.* Blister drawn well; vomiting checked. Directed quinia sulph. extr. hyos., āā, gr. j., every hour, tinc. assafœ. ℥j. every three hours.

14th. Rested well last night; took three doses of quin. and hyos., and two of assafœ.; some nausea this morning; continue quin., hyos., assa., also aqua cal. if necessary; blister nearly dry.

15th. No change; blister dry.

16th. Worse. Symptoms all returned in a more aggravated form; pulse 70; tongue heavily coated; bowels not moved for two days. Gave C. O. salts ℥ss., to be repeated in four hours if necessary; potassa citras grs. xx., in solution, every three hours; mustard poultice to the stomach; made another examination of thorax, bowels, and spine, but could make no farther discovery.

17th. No better; vomiting continues; extremities cold; bowels not moved. Gave enæma, with instructions to bathe the extremities with mustard and warm water; continue former treatment. *8 o'clock P.M.* Bowels moved freely; no change in other symptoms; continue treatment.

18th. No better; rested badly through the night; vomiting continues; extremities cold; pulse 60, and feeble. Ordered ammonia carb. grs. ij., in aqua ℥j. lavender spts. comp., ℥ss., every hour; hydrarg. chl. mit., grs. iv., and repeat in five hours; bathe the extremities and over the liver and stomach with nitro muriatic acid; reapply the blister to the chest. The vomited matter is like the white of an egg, and very sour.

19th. Rested better during the night; vomited but twice since yesterday morning; medicine had operated well before

night; continue ammonia and lavender comp. spts. every two hours.

20th. No improvement.

21st. Same.

22d and 23d. The same; no perceptible change.

24th. Worse.

25th. Worse.

26th. Worse; to-day, her appetite has entirely failed, indeed there is rather a loathing for food; everything in the way of nourishment causes vomiting. I now insisted on having consultation. The former family physician was sent for, and from him I learned the following facts:—She was a twin sister, had been very delicate from infancy; when one was taken sick, the other would be in the course of from twelve to twenty-four hours after, and both exactly alike; her sister had four years before died with a similar disease to what she was then suffering with, and for several days after, they thought this one would die. The Dr. thought they had probably been poisoned; he now examined the patient very carefully, as I had done before, the thorax, abdomen, and spine, with the same result, (and he was the finest diagnostician that I have ever met with.) I now told him what had been done for her, and how long she had been sick; he thought all had been done that could be, and continued the same treatment and change with the symptoms.

27th. No improvement; a loathing for food. Directed essence of beef, tablespoonful every two or three hours, also egg and brandy; changed the carb. for the valerinated tinc. of ammonia; the other treatment the same.

28th. Gradually sinking.

29th, 30th, and 31st. The same; told her mistress we could do nothing more, and that she would certainly die in a short time—the Dr. ceasing to visit her from to-day.

July 1st. No improvement perceptible.

2d. Symptoms slightly modified. I again examined her in the same way as before, and this time found, over the third cervical and third dorsal vertebra, some slight tenderness. I dry cupped her from the head to the sacrum, both sides of the spine.

3d. Probably some better; took about ℥vj. blood from over the third dorsal vertebra.

4th. Improving; vomiting ceased; free of pain; taken some panada to-day.

5th. Not so well; nausea returned. Directed a cantharides plaster to be applied to the spine, from the head down to the lower margin of the scapula.

6th. Blister drawn badly; rested better than usual; is probably better.

7th. Doing tolerably well to-day.

8th. Blister dried; does not feel so well.

9th. Worse.

10th. Pains returned, with vomiting; reapplied blister plaster, and continue ammo. valer. tinc.

11th. Better; neither pain or vomiting; blister drawn well; sprinkled with quin. sulph. grs. v., to keep it running; put her on tonic, ferri chl. tinc. and quassia infusion.

12th. Improving; continue tonic.

13th, 14th, and 15th. Improving, and continued to do so until recovery was complete.

1863—February 9th. She was again attacked in the same way, but having the key to her disease, it was not so unmanageable; blistered the spine freely, and continued the same treatment as before, and it yielded in five or six days.

1864—In June. She was again attacked, this time very mild, and only lasted her three or four days, and has had excellent health from that time until last August, since which time I have not heard of her. The singularity of the case is its great obscurity, there having been some half dozen or more thorough examinations, and the disease had lasted nearly a month before the least symptom of disease of the spine could be detected.

OPIUM AND BELLADONNA.

By James T. Neuman, M.D.

Materia medica has long since taught me that belladona and opium were antagonistic to each other. It has never been

my lot, until within a few months past, to test the antagonistic virtues of these powerful medicines.

Case I. On the 6th of July, 1867, I was called to see a young woman who had taken an ounce of laudanum, as she afterwards confessed, with suicidal intention. I found her insensible, and the pupils contracted. I ordered some strong coffee to be given her. She drank two cupsfull. I had written a prescription for an emetic:—℞. Ipecacuanha, gr. xij, tartarized antimony, gr. ij. M. Upon its arrival, I administered it to her. In a few minutes she vomited copiously. The ejecta were strongly odorized with opium. She still remained in a state of profound stupor. It then occurred to me to try the belladona. I dispatched a man with a prescription which called for one-half ounce of the tincture of belladona, and nine grains of the solid extract. I immediately exhibited a teaspoonful of the tincture: waited twenty minutes and repeated the dose. At the expiration of twenty minutes more, I followed it up with three grains of the solid extract. In the course of two hours, she became sensible, but could not see, and complained of her eyes hurting her. When I left, I told the attendant to give three grains more of the solid extract. The next morning, when I stepped in to see her, the pupils were natural, and sight perfectly restored.

Case II. A nymph du pave, who had been in the habit of buying morphia, by the bottle, of a druggist just opposite my office; I have, on several occasions, seen her buy sixteen grains, pour it in the palm of her hand, and swallow it with a gusto that would astonish you.

Now, to the case in question. The quantity of morphia that she took, I am unable to determine, but it must have been very great. When I was called in, I found her in a comatose condition; stertorous breathing; small, feeble pulse; pupils contracted; jaws firmly set; extremities cold. Not one drop of liquid could I force down her throat. Here I was in a dilemma. I had every reason to believe that it was morphia she had taken, but what I could do, I could not use the belladonna, because she would not swallow. Must this woman die? *No;* science comes

to my aid, in the shape of the hypodermic syringe and atropine, the active principle of the belladonna, in a small space. Now, I have it. I walked over to the store, and ordered the clerk to weigh me out two grains of atropia sulphas, and then add one ounce of water. I went back, took out my syringe, which holds about three drachms, rolled up the patient's sleeve above the elbow, inserted the point beneath the skin, and injected the fluid into the parts. I waited twenty minutes, and applied the syringe to a fresh part. At the expiration of a-half hour, I again used the syringe. By this time, she became somewhat conscious; I then ordered six grains of the solid extract of belladonna to be divided in two parts, one to be given every two hours. She also, like case first, complained of her eyes, and could not discern a single object for about eighteen hours. At the expiration of that time, the pupils assumed their natural appearance, and vision was restored.

Pardon me if I trespass upon your valuable space, as I have still another case to report:

Case III. Mr. B. had in his employ an Irish nurse girl, and to whom he entrusted his child—a bright boy of two years. On the evening of the 4th of September, 1867, she requested leave of absence from him, his wife not being at home. He told her that she might go if she could get the child asleep. Living close by a drug store, she ran off and bought ten cents worth of laudanum, and gave the child a teaspoonful, sat down, and it was soon asleep; and in all human probability, it might have slept forever, had not the father been drawn to his child by some unknown power. He found it breathing very little, and with a pulse scarcely distinguishable.

He sent his man servant after me in great haste. I found the little sufferer's days were numbered, if it was not relieved soon. I ordered it to be stripped, and ice applied to the spine. As soon as I got it, I gave it six drops of the tincture of belladonna every ten minutes for an hour and a-half. At the end of that time, I had the pleasure of hearing the little fellow call for his papa.

Thanks to belladonna! it cheats death of his victim, and

causes the rash hand that attempts self-destruction to repent the act.

A PAPER READ BEFORE THE CHICAGO MEDICAL SOCIETY.

By Hiram Wanzer, M.D., Chicago, Ill.

Mr. President and Gentlemen:—The subject of this paper is the therapeutical advantage of *position* in the treatment of shock from concussion of the brain, and I wish to report a case successfully treated by it.

During the past six years' residence in the West Division of our City, I have frequently been called to cases of traumatic injuries of the head. A few have succumbed to the shock without reaction, and, I apprehend, could we have had a clearer knowledge of our therapeutic agents, death might frequently have been postponed, and the fatal issue prevented. Since the suggestion made here by Dr. Orren Smith, to give the patient the advantage of *position*, I have tried it in three cases, two of which were of most desperate character, with the satisfaction of witnessing the recovery of them all. I can bear testimony to its priceless value. I believe the practice of surgery ought, and soon will be, revolutionized in the treatment of shock from concussion of the brain. Authors have not only failed to give, to my satisfaction, a clear and comprehensive idea of the pathological condition in concussion, occurring in the ordinary accidents of civil life, and, to me, their treatment is equally meagre and unsatifactory. I have been led to regard all injuries about the brain with significance. It was justly said, by Robert Liston, that no injury about the head was too trivial to be despised. It matters not whether the physical leison is well defined. Such as fracture of the cranium, with or without compression of the brain, by bone or blood-clot. Where there is much shock, or comatose symptoms, the organic contractility of the heart is enfeebled, if not nearly suspended. We find in this state of things, *position*, not only always indicated, but frequently the sheet-anchor upon which our patient may cling to

the bark of life. This was exemplified among soldiers who fell in battle in our army. Those falling upon hill sides, with the head and shoulders dependent, usually recovered; those who fell with them elevated, frequently died.

The most prominent symptoms I have witnessed, in severe concussion of the brain are, general pallor, coldness, and anæsthesia of the surface of the body; insensibility of the organs of special sensation; the glassy eye usually does not respond to light; the ear may be deaf to sound; the organs of taste, touch, speech, and deglutition, obtunded, or nearly suspended, in proportion to the lesion to the brain and nerve centres. The heart's action is invariably feeble. The pulse, if it has not already forsaken the wrist, indicates the diminished contractile energy of the heart to carry the blood to the brain and extremities, and, without speedy help, our patient is soon beyond the surgeon's skill.

Having repeatedly witnessed the insufficient action of remedies in the treatment of shock, my practice has not only become radically changed, but, I believe, based upon more physiological and rational principles. Our most certain means are always at hand, and if early resorted to, will generally extricate our patient from impending death. The *rationale* of treatment is precisely the same that we would adopt in the parturient woman, suffering from uterine hemorrhage: first, to restore as speedily as possible, to the brain, its lost stimulus, by *position*, placing our patient at an angle of forty-five degrees, with the hips elevated and the head dependent. By this method, the emptied vessels of the brain are refilled, the heart soon responds to the reflex nervous influence; its motion and rhythm reëstablished; the forsaken pulse returns to the wrist with force and volume. Thus does the brain minister to organic action when it has its accustomed supply.

There are other collateral, but auxilliary therapeutic agents, that now come to his relief, some of which I will mention. In cases of profound shock to the nervous system, the patient is usually incapacitated from swallowing, and the measures I have adopted are to give remedies by enema, in liquid form, first

placing our patient in *position*, hot epithems are applied to the extremities, and from one-half to one ounce of brandy, with five grains gum camphor, diluted with a small quantity of water, are thrown into the rectum, repeated, if necessary, at intervals of half an hour, according to the exigency of the case. As soon as the heart's action become more vigorous, and the pulse returns at the wrist, with moderate force and fulness, with the capiliary circulation established, the head and shoulders are slightly elevated. He is continued in this *position* until some degree of consciousness is restored, when he is placed in the recumbent posture, resuming the former *position*, upon the first approach to fatal syncope, indicated by the flagging pulse and diminution of the heart's action. This I found necessary to resort to in one case, to the salvation of my patient. A valuable adjuvant in the treatment, are jets of cold water, thrown with the fingers into the face, assisted by smelling salts, which stimulate the trifacial nerve.

I have tested the value of the above methods of treatment in three cases, as before stated, who would have perished under previous methods I have seen adopted.

I believe, in the treatment of shock, narcotics are seldom if ever indicated. They not only diminish the vital powers, obtund and paralyze nerve sensibility, and enfeeble the energies of the *tripod of life*, but they deprive our patient of *pain*, a natural stimulant and excitor to organic action, in the beginning reaction. The true indications of treatment are, first, to restore the wasted energies of the brain and nerves centre, from whence organic action emanates by *position*. Second, diffusible stimulants, medicines that exalt the vital actions of the economy, combined or alternated with beef essence.

The case of traumatic injury of the head, I wish to report this evening, was Cornelius Daily, native of Ireland, aged 22. I was summoned to him May 17th, last, at 8 A.M. Before my arrival at the scene of excitement, I was met by a messenger, who stated that the man was dead, but hastening to the spot, I found the patient lying upon the ground. He had been struck upon the left side of the head by the fall of a timber weighing

some 200 lbs. The wound was contused, and extended from the zygoma to the mastoid process of the temporal bone. The lobule of the ear was also divided. There was a large quantity of dark coagulated blood upon the ground where he was lying, which had issued from his mouth, nose, and ears. Upon examination, I found the surface of the body cold. The eye was glassy, and did not respond to light. There was no pulse at the wrist. With the exception of an indistinct tremor of the heart, no defined sound being audible, life was apparently extinct. An assistant now seized the hips of the patient, elevating them considerably, leaving the head down. In about ten minutes, the heart's action became more perceptible, and distinct. Two planks were now arranged at an angle of forty-five degrees, and the patient placed upon them with the head and shoulders dependent. As soon as he was placed in *position*, nearly a pint of dark coagulated blood issued from the mouth, nose, and ears. In about fifteen minutes, the pulse returned to the wrist. The contractile energy of the heart was more manifest. The gentle glow of the surface indicated the beginning return of the capillary circulation. Cold water was now dashed upon the face, alternated by jets with the fingers. We found this of inestimable value in the treatment. Believing that he would fully react, the divided ear was coaptated by several interrupted sutures. He was continued in *position*, about thirty minutes longer, when the heart's action and pulse became quite vigorous, with a more marked capillary circulation. He was now removed to the warehouse of Messrs. S. S. Williamson & Co., and placed in nearly the same *position*, the head and shoulders being slightly elevated. Upon his arrival there he vomited a quantity of dark grumous blood, which somewhat increased his prostration. Hot epithems were now applied to the extremeties. The body was enveloped in hot flannel blankets; an enema of half an ounce of spirits vini. gallicis, with five grains gum camphor, diluted with a small quantity of water, was thrown into the rectum. This was repeated every hour during the forenoon. In the afternoon, consciousness, sight, speech, and deglutition partially returned; but reaction had been somewhat retarded

by *paroxysms* of vomiting, which consisted of the fluids he had drank, mingled with blood. This was relieved by acid gallici, giving five grains after each effort at vomiting. At 7 P.M., a more comfortable reaction was established. He had slept considerably during the afternoon. His breathing was noisy and stertorous; had two fecal evacuations; the surface of the body was about the normal temperature. As there was now but little difficulty in deglutition, the enemas were omitted, and he was ordered for the night, every three hours, two grains gum camphor, alternated with beef essence.

The 18th, at 7 A.M. The patient had enjoyed a few hours of refreshing sleep; there had been less stertor; the mind was more clear. He had been annoyed considerably by thirst, which I ascribed to the excessive loss of blood. He had several fecal discharges during the night. There was no change in the treatment during his sojourn there, but simply to continue *position*, the external warmth, and the beef essence. He was removed to the City Hospital in an ambulance at 3 P.M., and to the very kind and skilful treatment of the Surgical Staff of that institution, he owes much to, and for, his recovery. I will now read the Hospital Report from the time of his admission there:—

Cornelius Daily, *æt* 22 years; a native of Ireland; stature, a little less than medium. While engaged as a laborer, assisting in the removal of some machinery off the cars, was felled to the ground by a blow from a heavy piece of timber, on the left side of the head, immediately over the ear.

There soon followed copious hemorrhage from the nares and ears, when he afterwards lay comatose, completely insensible, for several hours.

On May 18th, the first succeeding day of his injury, he was admitted into Cook County Hospital presenting the following symptoms:—

Although he answered interrogatories with seeming correctness, he still exhibited a mental lethargy often seen in patients semi-comatose. He was unable to maintain the erect posture, either in sitting or standing, and when placed in bed, kept, without moving, as perfect dorsal decubitus, as if wholly paralyzed,

but when requested to move, there was no apparent difficulty or disparity in the natural mobility of any extremity.

The face gives evidence of recent severe contusion, extending from the left eye to the ear of the same side. The nasal and aural canals were filled with clotted blood; the pinna of the left ear was lacerated, and had been dressed with sutures. The right pupil was normal, the left, moderately dilated, sphincters enjoying their usual tonicity; bowels constipated.

He slept during the first forty-eight hours almost continually; ate but sparingly of anything. About the fourth day the external recti muscles were seen to be paralyzed on both sides. The left cornea perfectly anæsthetized, and the sensation of the right markedly obtuse. The conjunctiva of both sides exhibited deficient sensation; the left exceeding in degree. With the instillation of a drop of a four grain solution of atropia sulph., ready dilation of both pupils followed.

Both corneæ had now begun to ulcerate. The ulcer on the right progressed but slightly, but the left proceeded to perforation and evacuation of the anterior chamber entirely, as was evinced by the perfect approximation of the iris and inner wall of the cornea.

The treatment consisted in keeping both pupils persistently dilated, simultaneously sealing the left eye-lids with isinglass plaster, as the lower palpebræ drooped, so as to leave the eye continually open. The paralysis involved all the muscles of the left side of the face, with the loss of the sense of taste over the left half of the tongue; also, convergent strabismus of both eyes. The corneal ulcers healed steadily under the treatment employed, and as they cicatrized, the anæsthesia diminished. The perforation of the left cornea soon closed, and a new secretion of aqueous humor restored its original convexity. He was transferred to the eye and ear wards, June 19th, 1867, having, at the time, a purulent discharge from the left ear, with inflammation of the conjunctiva of the corresponding eye, kept up by the lost tone in the orbicularis, which exposes the unprotected mucous surface to the atmosphere. Under appropriate treatment and cleanliness, the ear has ceased to suppurate; the left

eye is less inflamed, the right being entirely well. Both eyes are thoroughly strabismic; but very recently, there is a manifest return of motion to the external rectus of the left. The facial paralysis of this side remains still the same, while the arm and leg of the opposite half of the body exhibit deficient nerve power.

Foreign Correspondence.

EXTRACTS FROM A PRIVATE LETTER FROM PROF. FREER, DATED STUTTGART, SEPT. 13th, 1867.

Dear Doctor:

The International Medical Congress assembled, according to programme, on the 16th of August, A.D. 1867, at the old L'Ecole de Médicin. At least 700 or 800 delegates were present at the opening exercises. The hall is miserable for such purposes—shaped very much like a well-developed clamshell. The officers and privileged characters occupied the hinge part, while the audience were packed, in what was left, on benches without backs, and dirty as an American college near the close of a winter session. Prof. Bouillaud, in his little welcoming address, acknowledged themselves apprentices in the art of entertaining their medical brethren, at least, compared with their friends over the water. I would not have disputed him on any account, for they could, at least, in that great city have obtained a better hall. Nevertheless, most of the members seemed to take things good-naturedly, and tucking their bifurcated coat-tails under their arms, patiently committed their noble bottoms to the merciless embrace of unyielding oaken planks, in order to witness rare equestrian feats of old and practiced "hobby-horse riders." These exhibitors have become so skilled, and have their horses so well in hand, that they can sail between the narrow boundaries which serve to separate "tweedle-dee from tweedle-dum," without grazing a stirrup. A Broadway omnibus-driver would have been struck dumb with admiration and envy. *Vide* the papers and discussions on the

anatomy, physiology, and pathology of tubercle. The transactions will be published *in extenso*, undoubtedly, when, most likely, one may be able to make some profitable gleanings.

The question of proposing to the various civilized governments some efficacious measures for restraining the propagation of venereal maladies, excited sharp debates, and much ill-natured criticism. There occurred some very lively repartee on the value and propriety of syphilization, between Ricord and Auzeas Turenne, the latter being a firm advocate of its efficacy, but has contented his zeal by practising upon others instead of himself, which is looked upon by Ricord as the *experimentum crucis* of a man's faith in his doctrines. Whether this prophylactic measure has any intrinsic merit or not, it certainly received very little favor at the hands of the Congress, and the spirit manifested by the opposition was rather that of prejudice than fair dealing with a weighty scientific problem, but its advocates seem to be possessed of the true martyr spirit, and bared their devoted heads to the showers of ridicule and ill-natured criticism, with an air of resignation which would have been creditable to the persecuted saints of olden time.

By the way, Ricord appears and acts enough like Governor Evans, formerly Professor of Obstetrics in Rush Medical College, to be taken for a twin brother. This is no disparagement to the Governor, for I count myself as one of his admirers.

You will find in those numbers of the *Gazette des Hopitaux* that I have sent you, two papers on the subject of preserving anatomical specimens, which are, probably, of much value. I saw a preparation by the Phenique acid method, which was perfectly pliable, and plump as a recent dissection, even the small joints of the fingers were as flexible as in the most recent state, and at the same time, the specimen—which was a well-dissected arm—was as dry as leather, and without odor, other than from the acid, which is not at all disagreeable. This is something worth looking into—if the acid is not too expensive, the method is invaluable for medical colleges. The process by tannic acid must be very tedious and expensive.

Our French hosts gave one entertainment, as you will ob-

serve by the toasts and speeches which you will find reported. I did not attend, on account of a slight indisposition.

I visited the hospitals, Hotel Dieu, Pitie, and others. In the first named, is the celebrated Maisonnueve, whom I followed through a morning clinic. He is, as you are probably aware, outside the faculty, having no other position than his hospital appointment; but this is enough, and just suits his genius, for being a progressive as well as "fighting man," it gives him an opportunity to deal his blows impartially, right and left, and he does not fail to embrace the opportunity, by animadversion and trenchant criticism on the doings and teachings of his confréres. His figure, features, and physiognomy reminds one of an educated, demonstrative Irishman.

In Paris, Phenique acid is, at present, king over all other remedial agents, and, as a surgical dressing, is particularly so with Maisonneuve. Charpie, saturated with a solution of this acid, is applied to every breach of continuity of surface by this doughty professor, and with the assurance in his teachings that it obviates nearly all the secondary surgical accidents. A tin wash-dish containing the inevitable embrocation, is a conspicuous object at every bedside, and by the side a small stack of charpie, from which, as he arrives, he snatches a handful, dabs it in the solution, and, with a vigorous hand, slashes it on to every variety of diseased or abraded surface, from vulva to remotest parts. He does not attempt union by "first intention," and this is true of all the Paris surgeons at the present time. It is taught that the open wound is less likely to lead to purulent infection and kindred surgical accidents. Hotel Dieu is an immense structure, and so well kept that it is the very paragon of neatness and order.

At the Pitie, we find Désormeaux. His clinics are well attended and very popular. His hobby is, as you are aware, the endoscope. I had the pleasure of looking through it many times, as he is very obliging, and takes great pleasure in giving ample explanations of the method of using it. In his hands, it certainly performs all that has been claimed, and reveals the bladder and urinary passages wonderfully well. It must soon be an indispensable appendage to every surgeon's armament.

Desmarres' eye clinic is a clinical curiosity rather than a means of instruction. I will not attempt to estimate the numbers in waiting, but during an hour's time, he disposed of at least one per minute. His secretary was obliged to write a race in order to keep pace with his off-hand declarations of diagnosis, prognosis, treatment, etc. Those requiring the use of the ophthalmoscope are turned off to an adjoining room, for future consideration.

Laskowski is the rising man in this department of surgery. Although, as yet, the number of patients is rather limited, yet his clinic is very valuable, because of his zeal and ability as a teacher. His ophthalmoscope is, probably, the most perfect and convenient in use. The most unskilful can use it with perfect facility.

I started one morning, bright and early, to pay a visit to the venerable Velpeau's clinic, but, alas, he was dead (the news of which must have reached you long since). His funeral took place that very morning, so I attended that instead of the clinic. The ceremonies were of the most imposing character, for he died laden with honors and riches. "*Requiescat in pace.*"

Velpeau's museum occupied considerable of my time, as I was not only deeply interested in the specimens of pathology, but wished to learn something of the method of getting up and arranging such affairs. Much of it is simple and easy of accomplishment.

I am under special obligations to my friend, Dr. Bosworth, for much that I saw, as he has been on the ground several years, and is, consequently, well posted. I will have occasion to speak of him again on my return. I saw —— ———, "formerly of Michigan," at the Congress, but did not have a chance to meet him, as he occupied the opposite side of the hall. He looked very happy and motherly, cheered when others did, and listened as attentively as though he understood it all.

By the way, Bosworth has promised to write for our journal, you may expect a paper for your next number. He is liberally educated and thoroughly posted in the profession, so I think you will get something from him to your liking. He has been

a most faithful follower of the clinics in Paris these three years, as shown by his documents and notes.

Regarding the sanitary arrangements of Paris, we might take valuable lessons in some things, and they of us in others. We, of them, respecting urinals in public places, for every prominent object in this great city is considered a proper mark for a suffering bladder. A Frenchman can no more forbear wetting everything that projects than an American dog, and that irrespective of time, place, and surroundings. This arrangement gives a delightful odor of ammonia, which, you know, is an antidote for fainting; and I have noticed that the ladies do not faint there, even at the sight of these mictatorial exploits.

Another arrangement, for the protection and bestowal of unclaimed babies, may be worth copying. These consist of little round structures, situated on the public streets, with a porthole-like arrangement on one side, as a place of deposit. The shelf which recieves the "waif" appertains to a revolving arrangement on the inner side, which is at once turned by an unseen hand half around, where it (the baby) is received and transported to the hospital for foundlings. This arrangement became necessary for the prevention of the crime of infanticide. As the depositor is never seen, this method must address itself to them as preferable to child-murder. I need not mention the legalization of prostitution, as another sanitary arrangement.

I am afraid I have already written more than you will have the patience to read, so please present my regards to the Faculty, and other friends. Fraternally yours,

J. W. FREER.

Prof. J. Adams Allen.

Editorial.

The Next Volume.

On and after the 1st January, ensuing, the Journal will be issued semi-monthly, at the uniform rate of *Three Dollars* a year in advance, or *Four Dollars* after six months. Each No.

will contain thirty-two pages, thus adding sixteen pages to the month, or one hundred and ninety-two to the volume. Regular correspondents have been engaged in Paris, Vienna, New York, and Philadelphia, who will keep our readers "posted" on all matters of medical news and advance. The increased number of pages will afford space which has been sorely needed for abstracts of valuable articles as they appear in other medical periodicals, book notices, etc. A series of papers, prepared by the Editor, will give an outline of the present condition of General Pathology and Therapeutics. In this series, an effort will be made to condense the subject, so far as possible, to aphorisms.

A large number of valuable communications are now on file for publication, and will appear as space will permit. All matters of local professional interest will be duly chronicled.

Briefly, the Editor has made arrangements, whereby he will be enabled to devote a large share of his time to the preparation of a journal which he trusts will meet with the continued favor and confidence of the profession. For the large additions already made to the subscription list since his return to the editorial chair, and their numerous and valuable communications, he returns sincere thanks.

Cliniques at Rush College.

A large number of capital operations have already been performed before the medical class at the College. At the last clinic, Prof. Gunn removed, from the bladder, ten distinct large calculi. The patient, a young man, 20 years of age, is doing well. It is expected that details will be given soon.

The advantages furnished by this city, for clinical teaching, are being taken possession of in earnest, and will be developed to their uttermost.

The Dispensary is open daily, for gratuitous treatment (both medical and surgical) of those whose circumstances will not permit large pecuniary expenditure.

BOOKS RECEIVED.

The Practice of Medicine and Surgery, Applied to the Diseases

and Accidents incident to Women. By Wm. H. Byford, A.M., M.D., author of "A Treatise on the Chronic Inflammation and Displacements of the Unimpregnated Uterus;" and Professor of Obstetrics and Diseases of Women and Children in the Chicago Medical College. Second edition, enlarged. Philadelphia: Lindsay & Blakiston. 1867.

A Biennial Retrospect of Medicine, Surgery, and their Allied Sciences. Edited by Mr. H. Power, Dr. Anstie, Mr. Holmes, Mr. Thomas Windsor, Dr. Barnes, and Dr. C. Hilton Fagge, for the New Sydenham Society. Philadelphia: Lindsay & Blakiston. 1867.

Inhalation, its Therapeutics and Practice: A Treatise on the Inhalation of Gases, Vapors, Nebulized Fluids, and Powders, including a description of the Apparatus employed, and a record of numerous experiments, physiological and pathological, with cases. By J. Solis Cohen, M.D. Illustrated. Philadelphia: Lindsay & Blakiston. 1867.

Studies in Pathology and Therapeutics. By Samuel Henry Dickson, M.D., LL.D., Professor of Practice of Physic in Jefferson Medical College, Philadelphia, etc. New York: Wm. Wood & Co., 61 Walker St. 1867.

Headaches: Their Causes and Their Cure. By Henry G. Wright, M.D., M.R.C.S.L., L.S.A., Member of the Royal College of Physicians of England, etc., etc. From the fourth London edition. Philadelphia: Lindsay & Blakiston. 1867.

Epidemic Meningitis, or Cerebro-Spinal Meningitis. By Alfred Stille, M.D., Professor of Theory and Practice of Medicine and Clinical Medicine in the University of Pennsylvania, etc. Philadelphia: Lindsay & Blakiston. 1867.

Hufeland's Art of Prolonging Life. Edited by Erasmus Wilson, F.R.S., author of "A System of Human Anatomy," Diseases of the Skin, etc. From the last London edition. Philadelphia: Lindsay & Blakiston. 1867.

Circular No. 7. War Department, Surgeon-General's Office, Washington, July 1st, 1867. A Report on Amputations at the Hip-Joint in Military Surgery. Washington: Government Printing Office. 1867.

(*Continued from page 464.*)

the autopsy. In the other parts, the pus which could not be washed away by the injections hides from you the state of the membrane; but the presence of this purulent layer, which we also cannot detach from the end of the sound, is already a proof of the ulceration of the bladder, and a lesion very grave upon its surface.

Before quitting this subject I will call your attention to a patient which we have lately examined. From his entrance he presented already some time since, some symptoms of cystitis; the micturition was accompanied and, above all, followed by pains; the urine contained pus; and he had had a little hematuria. We suspected a calculus, but the sound did not show any foreign body. The endoscope showed us the vesical membrane of a deep red, surrounded by an abundant network of vessels of a more lively red, the border of the prostate was red; but that which was most notable, was a development of round red points, larger than granulations and more regular than flesh buds. I had some difficulty to satisfy myself in regard to these growths, however, their appearance leads me to suppose that they are simply inflammatory.

The following confirms this diagnosis, for after some time of repose, from baths and antiphlogistic treatment, all the symptoms disappeared, and then, on a last endoscopic examination, the bladder and the prostate had recovered their normal appearance; the prostate, in particular, had again become smooth and even, as in its natural state.

We have already had occasion to speak of the engorgement of the prostate, and also of urethral ulcerations, which are sometimes the cause, but we have said nothing of the endoscopic character of the swelling which follows.

The engorged prostate can acquire a considerable volume; and, as you know, makes a lump in the cavity of the bladder. Its volume can be appreciated by the depth to which it is necessary to pass the sound, in order to penetrate into the organ and touch it through the rectum; its prominence in the bladder and its measure, with sufficient precision, may be known by means

of the catheter of M. Mercier, but through the endoscope we can sometimes know more, the disposition of it. A first particularity which strikes the observer is, that, in withdrawing the sound, instead of seeing the border of the prostate rise gradually into the field of the instrument, it follows the surface of the glass in the form of a curtain; we see it from the bottom to the top, formed at the end of the instrument, like the action of the sucker of a pump, it relieves itself after being pressed. If the instrument rests upon the middle portion of the lobe, which was thus placed before the sound, it turns from behind and appears difficult to free the passage. It seems like a cover or lid which appears to shut upon itself and raises itself. When we have seen this appearance it is impossible to confound it with the normal state.

Whilst afterwards following the contour of the vesical orifice, we find that its inferior part, in place of a crescent with a superior cavity, presents a convex line towards the top, and, in thus following the border of the middle lobe, where the prominence is situated which it forms in the bladder, the middle lobe, engorged, offers, in general, a contour uniformly round, whilst it is not an organic affection. However, upon a patient who had been operated on several times, by a section of the prostatic valvule, and who had had an abscess of the prostate opening into the bladder, I have found an irregular prominence with deep holes, which resembled a hard damaged substance, which the organ had formed in the hypertrophied lobe by the cicatrization of the abscess.

Since the time that I have applied myself to the endoscope, I have not had the occasion to apply it to tumors of the bladder, properly so-called; but, finally, we had in our wards two cases of cancerous degeneracy of this organ and of the prostate. These two patients had experienced dysuria, and had entered into the hospital because they had been seized with complete retention; their urine was very turbid, and they had considerable hematuria, particularly one of them. Rest and treatment had mitigated the pains of the retention, and then certain specific pains manifested themselves, which, above all, had sometimes a

freely lancinating character. Upon one of these patients, the sound had not detected any tumor, only it sunk very deeply before it arrived in the vesical cavity. On examining with the endoscope, it was impossible to perceive the border of the prostate and the orifice of the urethra, it was found that only one surface continued itself from the prostate to the "bas-fond" of the bladder, and passing up very high into the organ; this surface, of a yellowish white, with the vessels sufficiently developed, formed nipples, large and very prominent, and presented at a place ecchymoses of a deep red, which had all the appearance of an encephaloid mass. It appeared to form a large prominence badly confined or limited, in a manner, although the sound not being well free in the bladder, could not exactly circumscribe a tumor. Upon the other patient, catheterism did not discover anything in the bladder, except some inequalities, which were situated around the fleshy columns; but at the neck there was found, by the aid of the endoscope, a prominence, considerably large, of the middle lobe of the prostate; you have seen all the observable face of the bladder strewn with soft vegetations, of a reddish yellow, forming small teats or nipples, and presenting the same aspect and coloration of encephaloid vegetations. The prostate makes an inconsiderable prominence in the bladder, it is true, but presenting the same aspects as in the vesical wall.

The sediment in the urine of these patients, and examined by the microscope, contains, besides globules of pus, great nut-like cellules, which presented the character of cancerous cellules. These cellules were very numerous in the urine of the second patient.

The group of symptoms and, above all, their persistence, the cachectic appearance which these patients had acquired by degrees, then likewise as the local symptoms appeared a little calm, and the microscopic examination of the urine could give some strong presumptions; but without the endoscope, there is but little degree of certainty in the diagnosis, and I wish you to notice that this diagnosis had been made in the two cases, after the results of the endoscopic examination, before the

symptoms had furnished suspicion of the nature of the evil, and whilst the tint of the skin did not yet betray the development of the cachexia.

If we consider how few means we have in order to assure ourselves of the nature of a tumor, which the sound has reconnoitred in the bladder, how little certitude of differential signs of these tumors between themselves, so much so that the cachexia is not evident, and with danger of attack from a cancer which we cannot completely destroy; we are really astonished at the hardihood of deciding either for the ecraseur or for the "arracheur."

You will be convinced, I think, that the endoscope has already rendered a grand service to the surgeon and the patient, if it prevents the performing an operation on a cancer, of which the result must be a speedy death.

It rests with us to speak to you, gentlemen, of an alteration which is the consequence, for the most part, of affections of this viscera. You know that whilst the bladder empties itself with difficulty, in consequence of some obstacle in the course of the urine, it happens, about a certain time, that the bundle of muscular tunic becomes hypertrophied and makes a prominence upon the internal surface of the organ, the mucous membrane being enfolded in their intervals, and from it results that we call "bladders with columns," and "bladders with cellules."

In this case, these columns hinder the ordinary catheter, whilst its point passes on the mucous membrane, giving the sensation of prominences which it meets, but it is necessary for this that the columns be already sufficiently voluminous; but, still further, other prominences can be diagnosed in the bladder, from tumors, from cancerous vegetations, or otherwise, also this—mistakes are not very rare, and we arrive at the belief, from columns in the smooth bladder, of mistaking columns for tumors, and reciprocally.

The endoscope enables us to avoid these errors, and, therefore, they have become more rare; it shows the columns under the form of "cordons arrondes," as you see them in the autop-

sies, with their more salient points very clear, and the adjoining parts in the shade. Whilst these prominences are large, their two borders do not show themselves simultaneously in the field of the instrument, and it becomes necessary from small movements to measure the larger. It is easy to follow in the way of their length, and then we see them united, then divide themselves, intercepted between them some depressions in the mucous membrane or the veritable cellules.

Whilst we can thus reconnoitre their form, it will be impossible to confound them with any other thing, so much the more as they present the general color of the mucous, whether it be sound or inflamed, and which is not the same, frequently, of tumors, which have in the bladder, as elsewhere, their particular coloration.

We will terminate this exposition of the results of the endoscopic examination of the urinary passages, by leading you to a knowledge of the means which can be taken for the exploration of the vesical calculi. In order that this exploration may succeed, it becomes necessary to direct the axis of the instrument in the direction of the foreign body. As soon as this condition is obtained, it is easy to verify the color of the calculus, and, from certain movements, to reconnoitre the aspect of its surface, its smoothness, its nipple-like prominences, irregularities, or unevenness, if we carry the end of the sound upon the contour of the calculus, or can get an exact idea of its form, and likewise appreciate sufficiently well its volume; however, for persons who have not yet the proper arrangement of the instrument, the dimensions of the object appear, frequently, a little larger than they really are. But this error is very far from attaining the extent of those to whom it is exposed by the other means of exploration, and, in a practical point of view, it is of little importance. For, if the exact measure is necessary, it is easily obtained. For that, it suffices to mark well how many times the field is limited by the extremity of the sound, how many times it finds itself contained in each of the principal diameters of the calculus.

The interior diameter of the sound being known, we can con-

clude on the dimensions of the calculus with a quite sufficient exactitude. It is very rare that the surface of the stone be sufficiently smooth, so as not to furnish points of observation. It is thus that our designer, M. Lackenbauer, has been able to measure the different calculi which he has represented, and of which you have seen the designs. These measures have been proven just, upon certain ones after their extraction, and upon others whilst they have been taken in the "litholabe," in order to be crushed.

Before going much further, I will give you some details in regard to the calculi, from which I have made designs after nature, in the bladder of the patients, before they were operated on. One represents a group of four calculi, which brought a sick man into my service in the month of February, 1862.

In the month of October preceding, he had consulted a surgeon, who had proved the presence of some gravel, and had scraped some debris into the grasp of the litholabe. Some days after, the surgeon introduced the instrument anew, and not finding any fragments, declared the patient cured.

From the first examination by the aid of a sound, I proved the presence of a small calculus, very moveable; such was also the diagnostic of a confrere, well versed in catheterism. Some days after, the endoscope showed us the four calculi, such as they have been designed by M. Lackenbauer, on the 9th of March. The 16th of March, a new examination enabled this artist to design them in the two groups, in each of which one of the small calculi is found hidden. The endoscope had permitted, at first, to verify, at the "bas-fond" of the bladder, a large depression, very deep, but in which the calculi had collected, so much that the rest of the vesical surface was covered over by the fleshy columns very much developed. After two seances of lithotrity, the endoscope proved the presence of fragments. It became necessary to seek these fragments, which the bladder could not get rid of, on account of the commencement of paralysis and hypertrophy of the prostate.

Some days later, the patient, who did not suffer any more, was taken with stoppage or extreme difficulty of breathing, and succumbed to an old disease of the valves of the heart.

The autopsy showed the depression of the "bas-fond" of the bladder and the columns which the endoscope had discovered. At the first seance of lithotrity, in seeking to measure the calculus, I have always found by a very great scattering of the branches of the litholabe the greatest of the diameters transversely of a large calculus. This is the diameter which finds itself in a sence-antero-posterior.

After the configuration of the calculus, it appears evident that they are not fragments of a calculus greater than had been broken by the first surgeon.

It is very evident that the view of a calculus will add something to the certainty that the touch will give to its presence. But you may say that there are some causes which render very difficult the finding a stone in the bladder. Thus, whilst it is small and very mobile in a very large bladder, in a way it flies before the sound, without giving place to a sensible shock. In this case, the sight cannot leave any doubt, and it suffices by a *coup d'œil* thrown upon the Fig. 5, to convince that a gravel cannot escape, provided that the sound can be directed towards it. The rugose state, smooth, broken of the surface of the calculus, display themselves more surely than by means of the sound, and there is no other means of appreciating the color, which often permits you to presume upon the composition.

Simple catheterism gives us but a few precise ideas of the dimensions of the calculus; the litholabe likewise; but it cannot comprehend it in one sense, neither can it give the measure of all the diameters, for it is known that each calculus affects, in general, always the same position, determined by the relation which exists between its form and that of the bladder. The endoscope, on the contrary, shows all the diameters, so much more than one can accomplish with the aid of the sound, by displacing the calculus and making it present in different positions.

The number of the calculi is, again, an important condition for the treatment, and difficult to know by the ordinary means. Beyond doubt, in seizing a calculus in the grasp of a "brise pierre," and in seeking to explore the "bas fond," we can as-

sure ourselves that there exists a second. But, if there are two, three, four, or more, we can perceive them, so long as the endoscope permits us to count them.

I have not had other occasions of observing multiple calculi, but upon the cadaver it is easy to perceive a great number of stones introduced expressly into the bladder. If it is important to verify the presence of a calculus, and the different particularities which it is necessary for us to know, it is just as important for us to know that it does not exist as it is that it does. This error, however, can present itself, it has had a place and it still remains in the annals of medical science, some cases of patients having been cut without having a stone. Authors indicate many causes of this terrible error, the principal ones are, hard matter contained in the rectum and pressing against the base of the bladder, it appears to me difficult that in this case the contact should be sufficiently rough to deceive a well practised hand; it is not the same of an osseous tumor of the pelvis making a prominence in the bladder, and which can give, well covered by their tunics of this organ, a sensation of hardness capable of deceiving the surgeon, or very much to embarass him.

A fleshy column, resisting, has also been noted as a cause of error; it has been well objected, too, that it had not a hardness comparable to that of the stone, but I can tell you by experience that it is from cases of induration of the vesical walls when the fleshy columns are sufficiently hard, that it is very difficult to distinguish the sensation which we experience in touching with the end of the sound from that which is caused by contact with a calculus.

In addition to this, sometimes the mucous membrane, in old affections of the bladder, becomes encrusted with lithic matter. Then you have the resistance of a hard body and the rude touch of a stone. In this case, it is almost impossible, by the aid of the sound, to assure ourselves of the truth.

It can be objected, perhaps, that the question can be solved by means of the litholabe, but, very often, it leads to the belief of an adherent calculus, and the manœuvres by which it seizes

the vesical prominence and presses it in the grasp of the instrument, in seeking to displace it, cannot certainly be without danger. I have often had patients who presented this disposition, and whom I have observed at the Hotel Dieu, whilst I was surgeon of the Central Bureau. The sensation was that of a calculus. I requested Ph. Boyer and Leroy (d'Etiolles) father, who had come into the service, to give me their advice, but after a very attentive examination it was impossible for us to decide on a certain diagnosis, and we could not decide on anything, if it was not that the sick man being in a very bad condition to be operated on, we should have decided on it. Some days later, the autopsy showed us the alterations which I have spoken to you of. If I had had the endoscope, you do not doubt, I think, after all that you have seen in this amphitheatre, that the question could have been decided while the patient was living.

One question which presents itself very often, and which is of no little importance, is that of the adherence or enchainment of the calculi, upon which often depends the mode of operating. One suspects this enchainment whilst the stone is always found at the same point which we can displace, whilst the instrument glides smoothly over the surface without moving it; but it is rare that we arrive at a certainty without opening the bladder. If we survey the observations of united or enchained stones you will perceive that often this disposition had not been perceived, except during the operation, whilst the forceps could not seize the calculi, or to hold them after having seized them.

From it results a very embarrassing position, when the surgeons have often given proof of *sang froid*, of ability, of promptitude, and of decision. But if sublime has been the success, it will be of more value in operations less difficult, and operators will prefer to know in advance the difficulties they have to encounter.

By means of the endoscope, we can assure ourselves of the disposition of the calculus, and of the causes which render it immoveable. In effect, in this case, one finds around the calculus some clots of mucus, of prominences, of vegetations, which fix it in its place. I have not yet made sufficient observations

in order to give you a description of the different modes of enchainment, but the following observations can supply them in part:—

The first, is that of a calculus, which I have examined and made a design of, from the Hospital Saint Antoine, in the service of Prof. Jarjavay. The patient presented the rational signs of a calculus, which M. Jarjavay found, in fact, by catheterism. But this calculus was difficult to reach, the litholabe could not seize it; at the same time, it could not be determined whether it was fixed or moveable. However, M. Jarjavay suspected that it was fastened, but not being fully satisfied, he requested of me the aid of the endoscope. The endoscope resolved the question completely. The calculus was, in effect, retained between the projections of the bladder; the right extremity appeared to be free, the left extremity and the superior border being surrounded by a ridge of the mucous membrane, and the inferior border, finally, is in part hidden by a veritable tumor, upon which is noticed an ecchymosis, which appears to result from the pressure of the grasp of the litholabe, in the forceps made to seize the calculus, proving that if the expert surgeon had insisted upon his tentatives, it would have resulted in a wounding of the vesical mucous membrane. The endoscope would have prevented, beyond all question, a similar accident.

The second observation was furnished me by M. Houel, temporarily in charge of the surgery at the hospital clinics, during the last vacancies. The irritation of the bladder in his patient prevented me from making a design of this calculus, but M. Houel has earnestly requested me to give the following observation, in which the autopsy confirmed the results of the endoscopic examination:—

Calculus fixed to the Bladder—Examined with the Endoscope.

J., aged 58 years, a paint merchant. This man was very large and strong, but he appeared to be suffering much. He said to us, that for many years he had suffered much from the bladder. He is obliged to urinate very often; the micturition is painful and very difficult.

Whilst he walked, he felt a feeling of weight in the perineum; he often had pains of the kidneys. For five or six months, he had lost his appetite and had become thin and poor; his urine was very turbid and deposited a sediment of mucus, very thick, sometimes mixed with blood. Never, in addition to what we have said, had this patient seen his jet of urine suddenly arrested, except to return some moments after.

Whilst a sound is introduced into the bladder, mark that which is observed: the canal of the urethra is free and allows the sound to pass easily. One time that it penetrated into the bladder, we could reconnoitre a bladder of reasonable dimensions, with columns, a bladder very smooth. If we carry the pavilion of the sound a little higher to the left of the patient, we perceive that the end of the sound is arrested by a stone, which, by consequence, ought to be found at the base of the bladder and to the right. In introducing a lithotrity instrument, it is impossible to seize the stone; we touch it but it will not fall into the grasp of the instrument, and we cannot seize it.

This examination, repeated several times, induced M. Houel to diagnose a fixed calculus of the bladder, although M. A. Richard, in sounding this patient, believed the calculus free, because the end of the instrument dragged the calculus and the bladder. M. Houel solicited M. Desormeaux to dissipate the doubt, by means of his endoscope. I will not enter into the details of his mode of action, which is known by all surgeons; I will speak of nothing except the result of the observations.

In manipulating the instrument into its necessary manœuvres, one can see, in turning the instrument in divers ways, a whitish granular body, strewn with small blackish points which appear to be blood. This body, which is no other than the calculus, presents a light or small prominence; and, if we should move the instrument, we arrive at the edge of the calculus, and we see very distinctly that this white body is surrounded and, in part, covered by a reddish membrane, which is continuous with the vesical mucous membrane.

This examination confirmed, very closely, the diagnosis of

calculus fixed in the bladder. In the face of this condition, M. Nélaton had counselled the sub-pubic incision, and M. Houel commenced the operation, when the patient suddenly died.

The autopsy gives the following signs or appearances:

The bladder is not very much changed; the calculus is well situated at the place which the examination had given to us; the calculus is well covered by the bladder upon its borders, but at this level the bladder is a little hypertrophied, likewise, the calculus is strongly held by the bladder; furthermore, the calculus presented an eminence, which penetrated the vesical walls, where it was contained, as in a cellule; the calculus had yet the black points that we have upon the living. One point, sufficiently curious to note, is, that to the naked eye the calculus appeared less voluminous than with the endoscope.

If we resume this lesson, we will find that in the affections of the bladder, the endoscope oftentimes gives more of certainty in its diagnosis than the other means; it permits us to see the state of the organ, to reconnoitre the nature of its tumors, the disposition, the number and the complications of stones, oftentimes better than simple catheterism; better, and, likewise, with less danger, than the "litholabe."

We shall then conclude that if we cannot, in the vesical affections as in the affections of the urethra, proceed directly to operations, it is not less useful to the treatment, in furnishing valuable indications to determine the choice of the method for operating, and to direct the instruments in the operation to be practiced.

PHYSIOLOGICAL AND THERAPEUTICAL ACTION OF COD LIVER OIL.

"The minute division of the iodine in cod liver oil, the particular state in which it exists, must singularly facilitate its absorption by the tissues, and can in this way contribute more than the absolute proportion of this substance to the marked effects which this oil exerts on the animal economy.

"Also, iodine in the oil is not eliminated from the system, *as the other soluble preparations of iodine;* in this elementary combination its action is slower, more regular, and more persistent, as it is successfully set at liberty in the economy, in proportion as cod liver oil is gradually decomposed in the blood." —BOUCHARDAT, *Professor of Hygiene, at the Academy of Medicine, Paris.— Manuel de Matiere Medicale, page 749—1856.*

The action of cod liver oil on the system is a double one; it is nourishing by its fatty elements, and curative by its medicinal bodies—iodine, bromine, and phosphorus, which it naturally contains; and to these three substances must be attributed its superiority over other fats or oils, either animal or vegetable, in the cure of diseases. These facts, discovered and proven by physiologists in their experiments on animals, and confirmed by the experience of physicians in their daily practice, have been corroborated during the last eight years, in a most illustrative manner, by the administration, to a large number of patients, of a cod liver oil five times richer in iodine, bromine, and phosphorus, than any of the cod liver oils known before.

Cod liver oil, as well as other fatty substances, when taken in too large quantities, is apt to disturb the stomach, and derange the functions of the intestinal canal. Only a small quantity can be digested and assimilated, the rest passing off unchanged, producing more or less frequent and abundant alvine evacuations, in which are contained the superfluous oils or fats. Observations prove that the gastric juice has no action whatever on fats or oils, the pancreatic juice being the only body which, by its emulsive properties, causes the absorption of these substances into the economy; and, therefore, all the oil not emulsioned by the pancreatic juice is evacuated by the intestines just as it was taken. The knowledge of this important fact is due to the recent observations of Claude Bernard, a well known authority in physiology. The oil, once emulsioned by the action of the pancreatic juice, is brought into the general current of the circulation as follows: it is first taken up by the chyliferous vessels on the surface of the small intestines, and passing through the mesenteric glands and the thoracic duct, it is discharged in the left subclavian vein, where it mingles with the venous blood returning to the right cavities of the heart. This blood, and the fresh nutritious elements, furnished by the two subclavian veins, are passed into the lungs to be there oxidized and altered; while passing through the pulmonary circulation, the oily molecules are modified and almost all of them destroyed. The blood, then, ready anew for nutrition, passes in the left ventricle, to be thence distributed through the arterial system, carrying along with it some oily globules left undecomposed during their speedy passage through the lungs, said oily globules being afterward successively altered in the circulating blood.

The medicinal oil, evidently brought undecomposed into the lungs, and partly in the general current of the circulation, is

there modified, losing not only its emulsive form, but also its oleagineous characteristics, so as to constitute a part of the arterial blood. Iodine, bromine, and phosphorus, are then set free, during the process of nutrition of the tissues, each part of our system appropriating to itself the substance it needs.

The tissues, in contact with the nutritious blood, having a tendency to appropriate to themselves the elements most proper to maintain their healthy condition, or to alter it, when unhealthy, is it not judicious to conclude that the lungs first, and then the rest of the system, when affected with bronchitis, phthisis, scrofula, under any variety, or rickets, etc., etc., are highly benefited by the healing and restorative action of the oil and its medicinal constituents, minutely, naturally, and persistently brought in contact with the diseased parts?

That oils and fats are successively carried through the economy, and transformed, as above described, is amply demonstrated by the experiments of the most eminent modern physiologists, such as Claude Bernard, Tiedemann and Gmelin, Leuret and Lassaigne, Landras, Bouchardat, Blondlot, Delafond, Gruby, L. Corvisart, J. C. Dalton, Jr., A. Flint, R. Dunglison, etc.

We must not forget this important point, that oils or fats go into the blood undecomposed and unchanged, being merely infinitesimally divided by the pancreatic juice; but if an oil contains substances, in a close chemical combination, so that they cannot be easily separated, these substances will of course be carried into the blood with the oil itself. This is just the case with Fougera's cod liver oil, which contains a large proportion of *iodine, bromine, and phosphorus.* Iodine and bromine have so strong an affinity for oil, that they cannot be separated from it by chemical reagents, not even by strong sulphuric acid. They must, therefore, be carried with the blood and liberated when the oil is transformed, in the process of nutrition, into its elements, and becomes the chief agent by which the heat of the body is maintained. Knowing, then, that to the nutritive property of the oil is superadded the alterative, fluidifying and stimulating power of a comparatively large quantity of iodine, bromine, and phosphorus, who can doubt the efficacy, as a medicine, of this new cod liver oil?

Phosphorus, a part of our brain and bones, is a powerful diffusible stimulant, exciting the nervous organs, heightening the muscular power and mental activity, and relieving the despondency of mind occasioned by many serious diseases.

Iodine and bromine are superior to all alteratives, for im-

proving and purifying the depraved nature of the blood. They rac the best remedies we possess for checking and controlling the swelling and induration of the glandular system, the ulcerative process in scrofulous complaints, the diseases of the lungs, etc. Obviously the main point, in such serious affections, is to check and control at once the ulcerative process, and to do so it is of the greatest importance to use *prompt and active medication.*

Until of late, natural and pure cod liver oil has been the best remedy, and the one most generally used, with more or less success, in diseases of the lungs, when of a tuberculous character. The period of the malady, when the oil was first employed, and also the purity and strength of the remedy, accounting for the success or failure.

Pure cod liver oil is more likely to cure consumption, scrofula, rickets, swelling of the glands, etc., in the first stage of the disease; in the second and third stages it mitigates the severity of the symptoms, and prolongs the life of the patient, but seldom saves it.

The reason for this difference of action is simply that the pure oil contains iodine, bromine, and phosphorus, only in minute quantities, which, although sufficient to cure a disease in the beginning, is not powerful enough when it assumes a graver type.

If we suppose for an instant the discovery of a new natural cod liver oil, containing more iodine, bromine, and phosphorus, than the oil in present use, there is not the least doubt but that every physician would prescribe it in preference, fully confident of its enhanced qualities. The natural consequence of this proposition explains satisfactorily why the medical profession should give, *and do rightly give*, the preference to Fougera's Compound Iodinised Cod Liver Oil, which contains a larger proportion of iodine, bromine, and phosphorus than the oil in present use; these active elements, as before remarked, are in such a peculiar combination that their action is slow, regular, and persistent, being successively set at liberty in the economy, in proportion as the oil is decomposed in the process of animal life.

Some physicians are so well convinced that the curative properties of the oil reside in these three substances, that to obtain a full effect, they prescribe very large doses of the oil, sometimes giving two, three, and four tablespoonfuls, three or four times a day, the larger quantity amounting to no less than half a pint daily. That their object is not attained is fully proven by physiologists, who have demonstrated, that only the

quantity of oil, emulsionised by the pancreatic juice, is digested and carried into the blood, the rest being lost and passed off nearly as taken.

Being deeply impressed with the above physiological and chemical facts, Mr. E. Fougera instituted experiments, and, after many trials, has succeeded (1858) in preparing a *compound iodinised cod liver oil;* which is simply the best Newfoundland cod liver oil, combined with four times as much of iodine, bromine, and phosphorus as it naturally contains.

Pure cod liver oil varies considerably in composition, as may be seen by comparing the different analysis published in works of chemistry and materia medica. A quart contains one to four grains of iodine; one-eighth to three-fourth of a grain of bromine; one-quarter to one-half of a grain of phosphorus. In 1860, Mr. Fougera published in the *Repertoire de Pharmacie*, edited by Prof. Bouchardat, at Paris, the formula of his oil, which contains per quart, in addition to the above quantities: iodine, sixteen grains; bromine, two grains; phosphorus, two grains.

The combination is made so that the odor, taste, and color of the natural oil is preserved.

Fougera's preparation being consequently five times more active than the richest commercial cod liver oil, will tend to restore health by its curative action thus enhanced, in a much shorter time than the simple kind, and attains the desired effect where the other will fail.

The dose of this oil is *only* a tablespoonful for adults, and a dessert or a teaspoonful for children, according to age, three times daily; it may be administered at any hour, but it is preferable to select the time of meals, since we know that the pancreatic secretion manifests itself only during the stomachic digestion, to act immediately on the alimentary principles, as soon as they pass from the stomach into the intestines. Though the quantity of iodine is very small in each dose, it acts nevertheless with a greater efficacy than a larger quantity of any of the iodides, for the reason stated by Professor BOUCHARDAT and others, that iodine in cod liver oil is not elminated from the system as the other soluble preparations of iodine, but is successively deposited in the economy as the oil is graduly decomposed in the blood.

When iron is required with the oil, Fougera's dragees or syrup of pyrophosphate of iron will be found the most agreeable and active adjuvant. It is best for children and delicate persons to take the syrup of iron immediately after the oil.—*Published by consent.*

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INTERNATIONAL MEDICAL CONGRESS,

Convened at Paris, Aug. 16th, 1867, at 2 o'clock P.M.

The Medical Congress opened amidst a compact crowd of physicians, French and foreign. The grand amphitheatre of l'Ecole de Medicin was completely filled, its capacity being 1000. The opening address of the President, M. Bouillaud, full of souvenirs of the past and hopes for the future, was heartily received. We give a few extracts:

"International Congresses would certainly be able to become very efficacious in furthering the progress of science, and in binding the profession in fraternal bonds, if they could be able to enter into the manners and habitudes of the different peoples. Our neighbors across the sea, more habituated than we to reunions, perhaps understand better the art of feasting their guests; but, in all things, an apprenticeship is necessary."

"The utility of International Congresses should be confirmed by the results, and not admitted without question. Until then, a great many will hesitate, and will not bring in their contingent of knowledge and good will; thereby diminishing the time and chances of success."

"Medical Congresses will not be able to offer all their advantages, until they are constituted as grand assizes; where all new ideas and all questions will be debated without inutile phraseology, by all those who wish to labor actively in the progress of science."

"It is evidently necessary that all the facts in appearance contradictory, all those that throw doubt upon the subject under discussion, may be exposed by the observers themselves, and in presence of one another. This cannot be done in an academy or in a society of limited numbers, but it is possible in a world's congress of enlightened, disingenuous, scientific men."

"We hope, then, for more international congresses in the future—grand assemblages which may be able to vivify the intelligences, reverse the systems of hazard, and make known to each of the peoples the doctrine of its neighbors."

After his allocution, M. Bouillaud was nominated by acclamation for Permanent President of the Congress, and the bureau was completed by the choice of the following:

Foreign Vice-Presidents.—Profs. Virchow, Berlin; Hallo, Prague; Lambi, Karkoff; Meric, London; Palasciano, Naples; Wleminckz, Bruxelles.

French Vice-Presidents.—Prof. Berare, Montpelier; Prof. Gintrac, Bordeaux; Prof. Baron Larrey, Paris; Dr. Ricord, Paris; Prof. Roux, Toulon; Prof. Tessier, Lyons.

Secretary-General.—Dr. Jaccoud.

Treasurer.—Dr. Vidal.

FIRST QUESTION.—*Anatomy, Pathology, and Physiology of Tubercle.*

M. Villemin, Val du Grace, prefaced his paper with the remark, that at first he took part with the school of Virchow, in regarding only as true tuberculosis the gray granulations, semi-transparent, etc., and distinguished from this, what this school has named pneumonia caseous. But now he viewed all these alterations as tuberculosis of the same nature.

Here is an extract from his paper on the subject:—One can represent a tubercular node by three concentric zones, corresponding to three different degrees in the evolution of the elements which concur in its formation. One external zone, where cells are seen already more voluminous than those of normal tissue, and in which appears many nuclei; a middle zone, represented by element of various dimensions, more or less compressed, one against the other, and containing a varia-

ble number of nuclei—this latter is the "proliferant zone;" finally, a central zone, where are found accumulated nuclei and little cells, similar to globules of pus in inflammation, the product final of the multiplication of elements, notwithstanding, one not rarely meets with cells of larger dimensions in this situation.

The retrogressive metamorphosis of tubercle presents itself under various aspects. In certain cases, it assumes the condition of fatty granulations, very small, and relatively rare, reflecting light brilliantly, and having a shriveled and dry appearance. It is a sort of mummyfication, according to Mr. Kuss. At other times, the fatty globules are more voluminous and more abundant. We think that these two forms of retrogressive transformation tends towards two different terminations. The first seems to terminate with greater facility in cretification, and the second in softening.

Now and then, one may observe granulations which contain hardly any elements of small dimensions at their centre, and which are composed of cells of variable size, in the way of active multiplication, and which are destroyed by retrograde metamorphoses before the proliferation may have arrived at its final term. A section of a nodosity of this species seems to be constituted of elements similar to those spoken of as constituting the middle zone. There is a predominance of voluminous cells upon the nuclei and small cells, whilst, on the contrary, in the granulation type, the elements of large dimensions are rare in the central part, and even rare in the middle zone.

In the granulation type, necrobiosis, also, sometimes attacks the large cells in the way of proliferation, which tends to the obliteration of the vessels by the encroachment of the nodosities one upon the other. These cellules, thus deprived of nutriment, die; and such is, without doubt, the cause of the rapid march of certain cases of phthisis.

In tuberculization of the lungs, one encounters many granulations which have their seat in the connective tissue of the inter-lobular substance, but the greatest number are found in the vesicles themselves which are found filled with cells in the

way of multiplication. In this instance, we have considered these contents of the vesicles as derived from the epithelium of the lining membrane, and distinct from tubercular granulations, but we have abandoned this interpretation. We are now assured that the partitions which separate pulmonary vesicles are not homogeneous, but that they contain in their thickness a proper cellular element which is common to connective tissue which may be the seat of granulation, as in other situations, for example, interlobular tissue. Respecting the existence of an epithelium on the surfaces of the pulmonary vesicles, we consider it problematical.

In the lungs, tubercular granulations present, as elsewhere, the largest cells towards the circumference, they are there even sometimes very large, containing, sometimes, ten or fifteen nuclei, which proliferate in their turn. The areolæ are filled by this proliferation, and often the necrobiosis seizes at one time all the elements, not only those which are small and form the centre of the focus, but those found at the circumference and in a state of proliferation.

This happens always, when the foci are closely aggregated one against the other. Then a section of the part exposes to view only proliferant cells filling more or less completely the areolæ. It is to this form that has been given the name of caseous pneumonia, tuberculous, epithelial, disseminated, chronic, etc., etc.

But these elements proceed, manifestly, from the cell nuclei which are found in the partitions separating the lung vesicles. In tubercles proceeding from serous and mucous membranes, from lymphatic ganglia, the proliferant zone is composed of cells absolutely identical in form, dimensions, and all other characters, with the above. It is but by compression, the one against the other, that they sometimes show plain faces and appear like epithelium, they are never soldered together. Besides, in a connective tissue, the tumefaction and cellular proliferation does not differ from that observed in inflammation. It is only by the final result that the nature of the process can be judged. Inflammation ends in pus or induration; tubercle, in

fatty metamorphosis, or in hasty necrobiosis, as in that which is named caseous pneumonia.

If, in this case, one had to do with an inflammatory product simply, and of an epithelial nature throughout, we would not have a suppression of the circulation affected, and the lung, instead of taking on in the end an anæmic aspect and a dry consistence, would be remarkable, on the contrary, for the turgescence and engorgement which characterizes the inflammatory process. (M. Villemin recalled the resemblance of tubercle in its elements to lymphatic tissue, and by its tendency to undergo the caseous degeneration. The granulations of glanders and syphilis also approach each other in their histological elements, aspect, and evolution.)

Thus, then, the question of the specific anatomical nature of tubercle ought to be resolved in a negative sense. The specific globule exists not, and the other characters observed in the histologic evolution are not less insufficient. The granulations of glanders, of syphilis, and of tubercle, present themselves as three species of the same genus, and the two first being inoculable, we are asked if the third would not be. The experimentation has responded. In a work soon to be issued, we try to establish the specific nature of tubercle.

Thus, according to M. Villemin, tubercle will be specific respecting its cause and respecting its nature, but not in its products. These are very different from the inflammatory products in their period of termination, and take on sooner the caseous form; on the other hand, they approach the products of glanders and syphilis, both affections being essentially specific and communicable.

Prof. Sangalli, of Pavia, remarked to the effect that he also assimilated the gray granulations to caseous pneumonia. He found in both the same elements, they succeed in the same order; but that which struck him principally, was the affinity between tuberculosis and inflammation. He attributes the production of granulations or the infiltration of tubercle as due to the action of one stimulus, which manifests itself at first by hyperæmia. Besides, he would observe that tubercular affec-

tions can assume different forms, according to the organ attacked; thus, in the uterus, they can give origin to new organic fibres. Here, the Doctor presented a lengthy statistical table, which we omit.

Prof. Crocq, of Bruxelles, remarked, that we find but one type to which we can refer with precision, the cells of gray granulation, it is found in the lymph cells, the lymphatic ganglions, the white blood corpuscles, and in those of mucus which are also like pus. That which constitutes the granulations of gray tuberculization is, then, leucocytes; that which distinguishes them from this is, above all, the absence of intercellular substance. These leucocytes are small because they are not bathed in any liquid. They have but a single nucleus. These leucocytes recognize as points of departure, the cells of the connective tissue, and also the epithelium. In the first instance, the granulations which are formed are surrounded by a shell of connective tissue, which concurs in giving them consistence and elasticity. These facts, being weighed, throw upon the development of tubercle a general *coup d'œil*, which may enable us to comprehend its relations with other pathological acts of the economy.

When one examines an organ in which tuberculization is being developed, one sees points or spots of considerable vascularity. Sometimes, the centres of these points are already consistent and elastic. These points pass, by insensible transition, into tubercular granulizations which are always surrounded by well developed vascular zones. A microscopic examination, brings to view numerous and voluminous vessels, which ramify on the surface, and, by position, seem to penetrate the interior of the tubercular mass.

Injection, infiltration, gelatiniform while gray, etc., these are the phenomena observed at the seat of tuberculization, and these coincide with those which preside in inflammation, so that one cannot well describe one without the other. Vascularization and repletion of tissues are at first equally seen in both cases. In inflammation, also, the cellular elements of connective tissues become engorged, swollen, and obscure, and at last

give birth to new generations of cells, similar to leucocytes. These new cells have four destinations:

1st. They are destroyed and the material reabsorbed.

2d. They are transformed into cells of new connective tissue.

3d. They are changed into a liquid intercellular substance, and constitute pus.

4th. They are subjected to fatty degeneration, and form masses which may sojourn indefinitely in the tissues and impregnate themselves with calcareous salts.

The only difference that one can signalize between the products of tuberculization and inflammation is the smaller volume of the cells of the former—like the leucocyte—their unique nuclei, the absence of intercellular liquid. In fact, we find in the tubercle an enfeebled energy, a formative force less marked than in inflammatory conditions.

The symptoms of tuberculosis, especially those of the lungs, confound themselves with chronic phlegmasia, as, for example, pneumonia and bronchitis of slow march. Respecting acute tuberculosis, the nature and the functions of the organ, affected generally throughout its extent, expresses the value of the facts we there encounter. One may distinguish after their seats three different kinds of phlegmasia, *viz.*, lobar, lobular, and, finally, vesicular pneumonia, which may be limited to a single infundibulum, or to a small number of them. There are, also, three forms of tuberculization, which we may, after the preceding, consider as recognizing for a point of departure a pneumonia of special form, which we name tubercular.

Does any one say that tubercle may be the result of a general malady, of an alteration of the blood? No analysis has demonstrated the existence of this; one of the strongest arguments for this idea is hereditary transmission. But it is not the tuberculization itself which is transmitted. I have often examined fœtuses and infants of tuberculous women, but have never with those found tubercles. Only the predisposition is inheritable, that is to say, a certain type of internal structure of tissues which may render them accessible to such pathological phenomena.

From these considerations, it results that tubercle is not a special or specific malady, recognizing for its cause a vice of the blood, but an affection of the same order as inflammation, from which it differs but little. The treatment for tuberculization is none other but that for phlegmasia of the same organ—antiphlogistics, revulsives, and appropriate modifications, applied according to the indications.

The opinions of M. Lebert, as shown in the following extract, were very similar to those of M. Crocq, only they are founded upon experiments more recently made upon animals:

M. Lebert remarked as follows:—"These experiments have been made in my laboratory, with the assistance of my excellent chief of the laboratory, M. le Docteur Wyess. Nevertheless, there being some difference of opinion in the interpretation of facts in our experiments, I take upon myself the responsibility of these generalities. Our experiments are to the number of forty-five, not counting a large number not finished.

A first series, of eleven, relates to the transmission of the products of disseminated chronic pneumonia, of chronic adenitis, and to the appearance of tuberculosis and tubercular granulations of the lungs. Two experiments relate to my ancient researches upon pyæmia. Two dogs, in which many injections of pus have been made in the veins, have presented, one, recent granulations in the lungs; the other, in the lungs and liver; both offering the structure of tubercules in these granulations. In nine experiments, the product of expectoration and of caverns have been as in the eleven, first injected under the skin. These animals have succumbed to pyæmia or septæmia, and have not presented the granulations of infection. In the twenty-third experiment, a biliary fistula had been established in a dog, the subject of poison by phosphorus. After one week, the dog commenced to cough, and at the autopsy, there appeared recent pulmonary granulations, having the same character as the products of the first experiments, *viz.*, disseminated pulmonary granulations, etc. The twenty-fifth and thirty-fifth, relate to the transmission of divers morbid products of hypertrophied lymphatic glands, of melanoma of the horse, of fibro-plastic tumors,

of cancroid and cancrous matter. The ten last were made with carbon or with mercury, in the jugular veins. These have been introduced, once, directly in the trachea.

"We commence giving the results of these experiments with the last, which are the most simple. The carbon produced little embolons, followed by cellular hyperplasie, little granulations, and even irritation and cell multiplications more extended, alveolare tubular, etc., even extending to the cells of the connective tissue in the interlobular spaces. The mercury produced, besides, a veritable inflammation of the tunics of both veins and arteries, as I had already proved in 1850. Here we find cellular hyperplasie of the external tunic of the artery, under the form of granulations, or, more diffuse, it may extend a distance along the vessels. In a higher degree, the same action can extend, little by little, forming granulations and indurated inflammatory foci in the way of suppuration, followed by "bronchiectasies" and even caverns.

"In inoculating with morbid products, one observes, in one case, a strong local irritation; in others, numberless granulations in different organs without local action. (Here, M. Lebert supposes that an infectant juice, in one case passes through the lymphatics, in another through the veins, arriving at last at the heart, and from thence to the pulmonary capillaries, where it forms foci of obstruction, and from here a part passes into the aorta, and from thence into the cœliac axis, the hepatic and renal arteries.)

"The impossibility of injecting the foci of obstruction by the vessels, proves a mechanical obstruction, but it must have there also an irritating chemical agent, which must make the liquid traverse the obstructed capillaries, and the obstruction itself, as the collateral hyperæmia does not account sufficiently for this cellular hyperæmia, so notable. When the capillaries of the pulmonary cells are obstructed, the collateral fluxion takes place always through the last ramifications of the bronchial arteries, towards the termination of the bronchioles. This fact comes to the support of the opinion that we have published, that the cellular hyperplasie extends from the bronchioles to

the pulmonary alveolæ, for these are the bronchioles that receive the most of the nutritive materials. It is very probable that in all these infections the general laws of irritation and of cellular hyperplasie dominate.

"We see different morbid products. Those of chronic pneumonia disseminated, granulations termed tuberculose, lymphatic glands chronically infiltrated, melanose, and carcinoma, provoke granulations of infection very nearly identical; also, that a hyperplastic action may take place, both in the cells of connective tissue and in the epithelium, and that the differences are not governed by age nor by changes, progressive or retrogressive of the tissues. These products of retrogressive cellular metamorphosis, when absorbed, engender new foci of infection, by irradiation and propagation at a distance, and it is thus the infection perpetuates and multiplies. Nothing is more vague to-day, than the definition of tubercle originating in an action essentially inflammatory, and its results, even its minutest products of secondary infection, have granulations in structure identical with those from inflammation of connective tissue, granulations often surrounded by diffused hyperplasie. The tubercle is a product eminently hyperplastic, so that no limitation can separate it from inflammation, and we do not know how to assimilate it to any accidental product, properly so called."

After the reading of the above, M. Hérard took the stand. The first part of his discourse was a resumé of his work on Pulmonary Tuberculosis. He found in the granulations the only characteristic lesion of tubercle. He isolates it from caseous pneumonia, even more than Virchow. After having repulsed the opinions of those who, as Virchow, connect caseous inflammation with scrofula, that he had found it much more rarely connected than granulations and caseous pneumonia.

M. Hérard asked the question, If this pneumonia followed or preceded the granulations? The German school generally suppose that it precedes, that the granulations are caused by the metastasis and generalization of the caseous products, that the affection changes its physiognomy when the granulations ap-

pear. M. H. believes to the contrary, to the preexistence of granulations. Often one may find them isolated, without caseous inflammation in any organ; often one may suspicion them by stethoscopic signs.

After this discourse, M. Villemin followed in a conciliatory manner—more conciliatory than profitable. Therefore, we omit this and many other little equestrian efforts at riding hobby-horses possessed of the vicious habit of "stumbling and bolting the course."

M. Mugeot (de Bar sur Aube) explained by the laws of osmosis, the production of tubercle.

M. Empis replied, that M. M. only touched upon the truth; the fact is, colloid substances cannot traverse membranous septa, unless they are acted upon by great pressure. It requires a great pressure to make them leave the vessels and constitute by their deposit the granulations of tubercular infiltrations. This is why all the affections that are apt to cause tuberculosis, such as scarlatina, measles, etc., are those in which one finds a great sanguine pressure, then it can make infiltrations on the surface of serous membranes, as in acute hydrocephalus. The principal indications are, then, to prevent the development of tubercle, and among moderants, he had found the best to be nitrate of potash. In conclusion, M. Mougeot spoke of the good effects that are derived from breathing steam in the many pulmonary maladies.

Evening Session, August 17th.—Treatment of Tuberculosis.

M. Gourdin recounted the results (not very satisfactory) that he had obtained in the treatment of tubercle, by the injection of nitrate of silver in the caverns, and by the use internally, of petroleum and phenique acid.

M. Marchal (de Calvi) spoke against offensive treatment in phthisis pulmonalis. He designated by the word offensive, iron, iodine, sulphur, and, perhaps, quinine. He had often seen these remedies, in subjects predisposed or already tuberculous, bring hæmoptysis and hasten the development of new tubercles. He declared the bad effects of iodine in phthisis,

and its good effects in scrofula, and explained this last, that it caused hyperæmia in the glands, caused the development of new bloodvessels, which, in their turn, were the agents of reabsorption, thereby relieving the engorged glands. Thus, M. Marchal separates, absolutely, scrofula from tubercle. According to him, no medication can replace a good hygiene, change of climate by sending patients to a well chosen climate. He believed, also, that cancerous affections and other incurable diseases can be greatly benefited by transferring them to climates where such diseases are rare or not known.

M. Auzias (Turenne) cited several cases of phthisis, which had been greatly ameliorated by the use of garlic.

M. Marcovitz (de Bucharest) spoke against considering phthisis as a unity, or as one species. He wished that the facts might be arranged in such manner that one could distinguish the species. Whilst, for some, tuberculosis is a simple inflammatory affection, others consider it as a specific malady, pertaining to the constitution, the temperament, and idiosyncrasy, and others still, as an exit or termination for many diverse diatheses, as arthritis, scrofula, etc. He ranged himself among the latter. He recognized then, many sorts of phthisis that do not proceed from the same source, have not the same character, and do not demand the same treatment. Among these varieties, he signalized:—

1st. Phthisis hemorrhagia, in which one observes a great cardiac susceptibility, such as palpitations, with fever, from slight causes.

2d. Phthisis subacute, generalized.

3d. Phthisis chronic, with moderate fever, with tendency to hemorrhage.

With the first form, sulphur water is injurious, but beneficial for the third. Respecting iodine, it does not act in the same manner topically as in the stomach; given internally, it may act injuriously in certain cases.

M. Lombard supported M. Marchal's views, and, in addition, remarked that elevated plateaux appeared unfavorable to the development of tubercle, because there is less oxygen received

in respiration. These facts had been observed in Peru and in Mexico.

M. Haller (of Prague) approved of the reflections of M. Marchal, upon offensive medication in phthisis. He viewed as such, those that fatigue the digestive canal, diminish the appetite, and, in consequence, induce anæmia.

Session of Monday, August 19th. Anatomy, Pathology, and Physiology of Tubercle continued.

M. Empis defended his ideas upon granulation. His discourse was simply a resume of his book.

M. Empis has made a great number of inoculations upon animals, and has been able to make granulation appear in rabbits, in employing morbid products of divers character, as the pus of puerperale peritonites, matter from Peyer's glands in typhoid, pus of neumonia, etc.

But although these granulations are similar to those of tubercle, M. Empis does not admit that they constitute this affection with the rabbit, for the granulation of tubercle is a general affection. He had never seen true phthisis developed from the above experiments.

M. Cornil said: The essential and fundamental points in the history of tuberculosis was the development of tubercular granulations that we would continue to call *true tubercle.*

In serous membranes, and particularly in the pia mater, one may see admirably this development in the adventitious sheaths of the vessels and in the lymphatic sac which surrounds them.

It is in this lymphatic sheath, and circumscribed by it, that is effected at the expense of elements of the sheath itself, and at the expense of the adventitious membrane of the vessels, the proliferation of the little cellular centers which constitute the beginning of tubercular granulation. It is always at the bifurcation of the vessels that these phenomena are witnessed.

It is the initial fact—the proliferation of the external membrane of the vessels, that is to say, an inflammation in the sense usually accorded to that term to-day.

Two other facts of general importance come to be added

there: 1st, The multiplication of similar elements in the connective tissue of the pia mater which surrounds the affected vessel at this point; and 2d, The coagulation of the blood, the retrogressive metamorphosis of the fibrine and of the globules in the interior of the vessels in which the circulation is interrupted.

There is, then, at the commencement a phenomenon analogous to arteritis upon the little vessels and capillaries, and a coagulation of the blood analogous to that observed in phlebitis of the large veins; the consequences are striking; as the anæmia of certain parts of the brain and of the pia mater, the augmentation of the collateral pressure of the blood in the neighboring parts, the formation of pus in the meshes of the pia mater, etc.

In the brain substance, the tubercular masses can sojourn an unlimited time, and it is the same in the lungs, where the granulations very much more visible with the microscope can exist in a sort of mummyfied state many years in the midst of connective tissue. (Slate colored interstitial pneumonia.)

In the lungs, the process is more complex: at first, the vessels are altered in the same fashion as elsewhere; the septæ of the lungs show, at the expense of capillary centers, a proliferation of small elements, as around the vessels of the pia mater. But, besides, one finds in the interior of the pulmonary *alveola*, and in the interior of the bronchi, large elements, free, spherical, or pavement which fills them, and in time are subjected to granular, fatty degeneration. It is impossible to confound elements which proceed from proliferation of epithelium with those from connective tissue. The first are free and voluminous, they are epithelial cells tumefied. The second are small elements, and are agglutinated with each other by a homogenous and granular matter. The first constitutes tubercular pneumonia, the second granulation. We will not separate these two processes in their etiology; this is why we have adopted (M. Hérard and myself) the words tubercular pneumonia as preferable to all others, but as to the anatomical nature, we cannot confound them, and in this we disagree with M. Villmin.

A Hungarian, Dr. Bakody, of Pesth, in studying this question, had arrived at similar conclusions with M. Cornil. He showed a large number of designs to the members representing each of the phases of the evolution of tubercle. He said that tubercle, in a anatomical sense, was a heteroplastic neoplasme which destroys the matrix of the tissues, and shows itself habitually in a discrete form, may be in the lungs only, may be at the same time in the other organs, it may appear under the form of multiplied granulations, of the size of millet seeds, or under the form of nodosities, of larger size, constituted by the conglomeration of granulations. Under the microscope, it shows an aggregation of cells which are derived from the connective tissue. It developes itself in the connective tissue, it may be in the submucous, interstitial, in the adventitious tunic of the vessels, or enter into the texture of the culs-de-sacs and the framework of the alveola. The tubercles which have originated in the connective interstitial tissue soon pierce the partitions of the alveola, which they irritate, and this irritation extends itself more and more along the bronchia.

In the alveoles, one finds pretty often another form of granulations, which conceal in their center only pavement epithelial cells. But as these cells of epithelium are sometimes vibratile, and as these, in the normal state, are only found in the bronchi of pretty large calibre, one can attribute their presence in the alveoles to an irritation which has extended from the bronchi.

The secondary state of irritation of the pulmonary woof is in proportion to the cellular and detrital aggregation in alveoles and cul-de-sacs. Tubercular granulations can then develop themselves under the influence of the mass of inflammatory products which have issued by proliferation from the epithelium in a state of hyperplasie, and which irritate the tissue of the neighboring alveoles and cul-de-sac.

This is why tubercles develop themselves by preference in the summit of the lungs, where the respiratory movements are relatively less extended, and consequently reject less completely the cellular mass which has accumulated in consequence of inflammatory irritation.

The prolongation of the stagnation of this cellular mass may give impulsion to proliferation of cells characteristic of tubercle in the connective tissue of the alveoles and cul-de-sacs of the adjacent parts.

The alveoles may become filled with masses of epithelium and of pus, without resulting in the tubercular granulations, but it is only when the products of irritation or of inflammation have passed quickly into the state of fatty degeneration which may have been partly absorbed and partly expectorated. But if this does not arrive promptly, or if new masses succeed the first, the connective tissue which environs becomes irritated, and tubercular granulations form as a consequence.

M. Linas combatted the communication of M. Augens, of Turenne, upon the employment of garlics in phthisis. He recalled that, according to Calius Aurelianus, Mead, Rusen, etc., this remedy proved useful in bronchial catarrh, but that in southern countries, where garlic enters largely into the general alimentation, there was found no less of this disease, which proved the inutility of this plant against tubercle.

M. Lombard, of Geneva, renewed the question of the influence of altitude over the development of tuberculosis. He presented tables, where the proportion of oxygen received in each inspiration was calculated according to the height, and foreseeing an objection which might be made, he acknowledged that phthisis became more rare in proportion to the elevation and as one respires less oxygen. The opposite should obtain as one leaves the Equator towards the Pole, where the air is more dense, being colder.

M. Prof. Friedrich, of Heidelberg, returned to the question of the production of tubercle, nearly in accord with Corriel, but he disagreed in one point. He believes that the granulations may be produced at a distance from the vessels; that wherever corpuscles of connective tissue exist, these may divide, and proliferate and constitute little granulations. M. F. has often found upon membranes, for example, the pia mater granulations thus formed at points distant from any vessels.

[*Query.*—How great is the distance between any two or more

vessels in the vascular net work of the pia mater? We are not educated up to the point of answering.]

FIRST QUESTION—SECOND PART.—*Of the tuberculization in different countries, and its influence on the general mortality.*

M. le docteur Marmisse (de Bordeaux) presented a paper entitled "Researches upon the statistics of phthisis pulmonalis as a cause of death in the City of Bordeaux." He read some extracts. This brochure is full of documents upon the age, the sex, profession, etc., of the inhabitants who die of phthisis, and upon the time of the year when this mortality is most considerable. The influence of hygienic and social conditions are indicated in his figures. Of 1000 indigents inscribed to the "bureau of charity," 625 died of phthisis, 315 to 1000 are due to the same malady in the wards of the hospital, while, among the rich, 87 to 1000 is the ratio.

M. Sanamea advocated the importance of good hygiene as a prophylactic against tubercle. He said that bad alimentation, lack of air, of light, and of exercise, should figure among the first causes of phthisis.

Then followed a memoir from M. le docteur Homan, of Christiania. This memoir was enriched with tables of statistics, and with a geographical chart, indicating the distribution of phthisis in the Norwegian provinces.

In one place, he states, that if one unites phthisis with other affections, often considered as tuberculosis, as acute hydrocephalus, scrofula, necrosis, caries, etc., it would amount to a total percentage of 162 to 1000.

At Krugero, where he made his personal notes, 112 to 1000 died of phthisis pulmonalis, 39 of scrofula, caries, and white swelling.

If one examines separately each district, it will be seen that the mortality differs, one from the other, in the proportion of 79 to 226 per 1000. In the northern districts, on the sea, it is relatively more feeble, and does not exceed 10 per 100, except in Drontheim, and the City of Bergen, while it exceeds very

much the mean average in the southern districts of the seaboard, except in the prefecture of Christiania, where it attains but 11.15 per 100. In the interior districts, the rate is not much elevated, but higher than on the northern seaboard.

Sometimes one may verify between two districts which touch, and where the climate is nearly the same, a considerable difference, which proves that climate influences do not predominate.

The difference in the extension of phthisis in the different Norwegian countries, he attributes to the difference in degree of the presence of syphilis.

After the researches of Mr. Bœck, this malady was first imported towards the second half of the eighteenth century into the districts where tuberculosis is at present most prevalent. Thus, syphilis with the ancestors became tuberculosis with the descendants.

M. Dropsy (de cracovie.) In the country that I inhabit, the air is pure, the soil fertile, the water delicious, and the temperature moderate. The inhabitants are composed mostly of peasants and Jews.

The villagers are nearly without exception healthy and robust. They are not subject to any other diseases than those of an inflammatory or rheumatic character.

The Jews, on the contrary, are nearly all scrofulous, and among them phthisis makes such ravages, particularly with those from 19 to 20 years, that if circumstances do not change, one can safely predict the extermination of this race in two or three generations.

The cause of these differences in the sanitary state of the Jews and villagers is found in the manner of living. A Jew of this country eats nearly nothing; his living costs hardly two sous per day, and this is not composed of substantial viands—seldom meat, consequently these people are emaciated, and in a state of habitual anemia and of deterioration of blood. They marry at the age of 16 or 18, which contributes to their exhaustion.

Thus, it is not the locality nor the climate which enjoy the grand role in the production of phthisis, but the general impair-

ment, it may be, from insufficient alimentation or any other cause which results in the enfeeblement of the vital forces.

As to medication, I will say but little. The garlic recommended by M. Auzias Turenne makes the base of alimentation with the people in question, and I have already stated what ravages phthisis makes among them. I have incontestable success with baths of milk, but that which has succeeded best is general electrisation. I apply positive electricity to the hands and feet, and negative to the top of the head and pit of the stomach. I make use of a constant current of feeble intensity, and without ceasing on account of cough, fever, or hæmoptysis. The results are excellent.

Monday, August 19th. Fifth Question in the Primitive Programme.—*Of the influence of climates, of races, and of different conditions of life upon menstruation in the different countries.*

M. Louis Mayer (de Berlin) presented 59 tables of statistical researches upon menstruation in Germany, northern and central. This memoire was too large to be read, too rich in facts, considered under aspects the most variable to be susceptible of of analysis, and was disposed of very honorably among the archives of the Congress.

Also, we will not speak of the tables that M. Lendet, of Rouen, furnished upon the subject of menstruation in the City of Rouen—tables that must be read entire, as precious documents, but which do not suffice for conclusions read separately.

We limit ourselves in signalizing the opinions given by M. Lendet upon the fecundity of women in Normandy.

After putting aside the working classes—very fecund—M. Lendet saw no great difference in regard to fecundity, between the rich classes and the paupers, between the same classes inhabiting cities or country, with each the number of infants is very meagre in this province.

M. Gustave Lagneau presented 15,948 observations collected from nearly all countries, which we omit.

M. Jaulin (Paris) in his turn, read a paper, from which we give a résumé.

The solution of the diverse questions which make the subject of this memoir cannot be resolved but by statistics. These statistics embrace a large number of facts, among these, we have:

1st, Influence of climate upon menstruation. In grouping a great number of practical statistics upon the epoque of the first menstruation, I reunited in total 16,517 observations. The ensemble of these documents, relative to people very different, has permitted me to divide into three zones the countries composed in this study. The first zone—temperate—is circumscribed between the 33d and 54th deg. of latitude north. The second—torrid—is comprised between the 33d deg. and the Equator. The third extends from the 54th deg. towards the Pole.

Temperate zone. The tables of this zone are constituted by 16 statistics, including 10,080 parts. The highest of the total of ages is 1,824, and corresponds with the fifteenth year. The fourteenth give 1,114, and the sixteenth, which approaches most nearly 1,562. It is then towards the fifteenth year, in our estimates, that menstruation appear most frequent.

Torrid zone. The tables pertaining to this zone comprehend 1,734 observations; the highest figures, 407, correspond to the twelfth year, notwithstanding that of the thirteenth year (381) approaches it very nearly. There exists, then, a difference of more than two years between the establishment of puberty in our climate and the torrid zone, one is misinformed to invoque precocity of marriage in India as causes of hasty menstruation, for marriage is not consummated until puberty is established.

Frigid zone. These observations embrace 4,713 facts. The highest figures correspond to the fifteenth and sixteenth years, 872 and 874, nearly equal. It is nearly a year later than in the temperate zones.

The results furnished by the examination of the three zones that I have traced, leaves no doubt then regarding the action of climates upon the time of puberty.

Influence of race upon menstruation. These influences may

be demonstrated by comparing pure types of the principal races. As for the negroes, we only possess the statistics of Robertson, comprising 89 facts. The mean age is fourteen years and ten months—a little higher figure than in the climate of India.

Wednesday, August 21st. SECOND QUESTION OF THE PRIMITIVE PROGRAMME.—*Of the accidents which cause death after surgical operations.*

Extracts from M. Bourgade (of Clermont-Ferrand.) Three important facts dominate all the history of accidents which lead to death after surgical operations.

1st, One does not generally observe the accidents in the country, while they are frequent in cities, and above all in the hospitals and ambulances.

2d, One does not see them follow but rarely the use of caustics. Very frequently, on the contrary, after the use of cutting instruments.

3d, Once developed, they are nearly always mortal.

Prophylaxis. This rests principally upon recognizing the causes. The causes we must search. Now the etiology of these grave complications have been elucidated by what has been said above.

1st, By the innocuousness nearly absolute in the operations practised in the country. 2d, The habitual freedom from complications following the use of caustics, even in places the most unfavorable, as in hospitals. 3d, The frequency of grave accidents following the use of the bistoury.

There is, then, in the midst of all human agglomerations a cause which exercises a grievous influence upon the cure of wounds.

This cause must be found in the production of a miasm or ferment, which is developed in these conditions, and which exercises its deleterious influence, not only upon the organism, but principally upon the wound itself. If this action is not essentially local, why are those operated upon by caustic exempt from these complications, and why do they supervene nearly

exclusively after the employment of cutting instruments, which leaves naked a denuded surface, exposed to all the exterior agents?

There is, then, a deleterious local action; it is necessary "par consequent" to strive to subtract it from the wound.

It is because of these dangers that surgeons have wished to limit the use of cutting instruments, substituting these for caustics, or other means of dividing tissues.

But, after all, the bistoury will always be the surgical instrument "par excellence."

It is necessary, then, to conserve its usage, but endeavor to weaken upon the wounds it produces, the deleterious action of morbid agents.

This problem I will solve, and render wounds made by cutting instruments as inoffensive as those made by caustics.

I believe that I have resolved it by the employment of perchloride of iron applied to the wound immediately after the operation. Here is a description of the proceeding employed by me: When I have terminated the operation, and have applied the ligatures, I lave and wipe the wound with the greatest care, and when the flow of blood is well arrested, I cover the entire surface of the wound with pledgets of charpie, soaked in a solution of perchloride of iron of 30° purity. It is necessary that all parts of the wound, even the most anfractuous, as the bone, the muscles, the vessels, and cellular tissue, should be subjected to the action of the liquor chlori-ferrique. The whole is recovered by a mass of moistened charpie.

The perchloride of iron combines then intimately with the tissues, and thus forms a covering which is solid and adherent over the wound, a species of plastic cuirasse, which, at the same time, coagulates and forms an eschar—for, at 30°, the solution of Pruvez is moderately caustic—which acquires hardness and offers resistance, and which does not commence to detach itself under the influence of suppuration before the sixth or eighth day, and sometimes not before the tenth.

There is, then, in the first dressing something which seems to possess, at the same time, the power of occlusion and of cauterization, and unites the advantages.

I never make traction upon the charpie which is adherent to the wound; I leave it to detach itself under the influence of suppuration, aided sometimes by lavement. In falling, it discloses a duskish surface, covered with a thin escharotic bed, which detaches itself in its turn, gradually, and brings to view a surface, rose-colored and healthy, of a beautiful aspect, and already covered with fleshy germs in the way of organization.

The dressings are then made with aromatic wine. The wound furnishes pus of a healthy nature and not abundant, which marches gradually, and without impediment, towards cure.

Sometimes it is possible, after the fall of the escharotic bed, to bring the soft parts together and obtain rapid secondary reunion.

During the treatment, and from the commencement, the patients remain in good condition; they suffer little, and have but little traumatic fever, and it does not prevent appetite or sleep.

A somewhat sharp pain follows the application of the perchloride of iron, but, at the end of a few minutes, it diminishes notably, and becomes quite supportable. It is never prolonged beyond a few hours, and confounds itself with the ordinary pains of the operation. It, therefore, does not constitute a contraindication.

One will comprehend that this method is not applicable to immediate reunion of wounds, notwithstanding it allies itself very well with attempts at partial reunion, the best results that one could hope to obtain in hospital practice. In the last endeavor, this method seems to secure success. Since five years, I have employed this method in a general manner at the Hotel Dieu, of Clermont, in all operations that seemed important enough to lead to grave complications. I have applied it in 95 operations, which have all succeeded. The accidents which I have endeavored to prevent by this method are, more especially, purulent infection, phlebitis, angeio-leucitis, osteomyelitis, and consecutive hemorrhage.

The perchloride of iron appears to me to act in these cases as a light cautery to the bleeding surfaces, and exercises a strong

coagulating action as far as the interior of the veins. These results are obliterating adhesive phlebitis, which prevents suppurative phlebitis, and opposes the absorption of all morbid matter, all elements dissociated from pus, etc., etc.

M. Barbosa (Portugal) presented a statistical record of the operations practised in St. Joseph Hospital, of Lisbon. He says the greatest mortality corresponds with spring-time, next winter, then summer, last autumn. Among the causes of death, he places first purulent infection, 44 per 100. Afterwards, come erysipelas, 18.6 per cent., drunkenness, exhaustion, etc. In 13 resections, there was but 1 death; 28 lithotomy, 10 deaths; 34 hernia strangulated, 20 deaths; 19 ligatures of arteries, 4 deaths; 19 amputations of the penis, 3 deaths; 407 extirpations of tumors, (diverse,) 16 deaths, etc. He plumed himself on the results, and attributed this good fortune to hygenic conditions, such as good ventilation, frequent washing, and besides in the method of operating and mode of dressing the wounds. He employs, in preference, the circular method, and saws the bone as high as possible. He removes all the clots, and makes methodical compression to the stump, commencing at the upper end of the stump, and from thence toward the wound. A stream of water is directed upon the wound, the angle of the latter being placed below, in order to facilitate the discharge of fluid. The dressings are completed by the aid of tr. camph. and alcohol in excess—an ancient practice in Portugal. The patients are made to drink port wine, and are carried into the garden daily.

M. Gosslin made some remarks in support of the importance of good hygienic and sanitary regulations in the treatment of surgical operations.

M. Gosslin here presented an immense number of statistics of causes of death in his hospital—the Pitié—the burden of which are erysipelas, purulent infections, etc., all of which will appear in detail in the transactions. His method of treatment is as follows:

1st. "I put my patients for operation in the largest halls, where I do not allow erysipelatous patients to remain.

2d. "Always when there is no urgency, I leave the patient time to consider the operation, and to become accustomed to the idea by designating a day, and I seek to dissipate his inquietude respecting the results."

During, I take care to suppress pain altogether by complete anæsthesie, and take much pains in tying the arteries.

After, I endeavor in the first dressings to avoid giving pain by not placing around the stump any circular bandage that would necessitate lifting it. I do not try to approach the borders of the wound, that I cover with a compress, wet with cold or warm water, according to the season. I do not add alcohol, which would add to the pain. I give them as much aliment as possible, and to their taste—wine, and sometimes brandy or rum. I avoid, as much as possible, everything that would give pain, bodily or mentally.

Here are some results:—"I have made 19 amputations of the thigh, 22 of the leg, 4 of the arm, 3 fore-arm—in all 48; of which, 29 were cured, 19 died, which gives a mortality of 39 per 100. Of the 19 deaths, 10 alone were caused by purulent infection. I had, besides, 9 others affected with purulent infection that had not been operated upon."

These figures would not make a very good show with us in the United States, but M. Gosslin prides himself upon the results, and attributes these to the great care bestowed upon the general condition of the patient before and after operating.

If the general state of the patient has this importance in varying success, his habitual state should not be neglected in making the prognosis.

M. Verneuil insisted upon this part of the question. He signalized the influence of a latent diathesis, which may not manifest itself by any symptom, but may be revealed at any instant by an exciting cause. He continued: One knows that lithotomy and lithotrity are grave when the kidneys or bladder are the seats of morbid changes. That tracheotomy is much more benign when practiced for the extraction of foreign bodies than in the diphtheritic condition. That the amputation of a leg is very serious, when covered with varices, superficial or

profound. That the prognosis of the amputation of the breast is much more serious for cancer than for adenoid tumor. We commence to know that the most trifling operation may cause death with a person having diabetes. M. Chevers has taught that latent affections of the kidney often explain the death, after operations the most diverse, and of little gravity. But how much of the unknown remains to disengage, and how many contradictions still exist. As the influence of drunkenness, of miasm, of acclimation in the halls of hospitals before the operation, of the period of menstruation, lactation, gestation, etc., upon the results of an operation or traumatic injury. I believe that erysipelas is most frequent in arthritic and herpetic diatheses. I do not believe, as is generally supposed, that amputations and resections are more grave in healthy subjects than with those debilitated with chronic lesions. I propose to devote the better part of my scientific activity and my practical experience, to prove that the general state, ancient or recent, diathetic, hereditary, or acquired, dominates over the prognosis and results of surgical operations, and constitutes the richest source of indications and contra-indications for operations.

M. Labat seemed to attach less importance to the general state of the constitution and diathesis. All his attention seemed to be directed to the wound itself, the method of operating, and dressings. He regards the blood and, perhaps, other liquids that the tissues may have imbibed before the operation, as foreign substances, which can never serve in the reparation, but, on the other hand, corrupt by contact with air, and thus become a source of danger. His method is, then, to remove these, as much as possible, from the surface of the wound, while he takes care to conserve the plastic exudation provoked by the operation, and which furnishes a formative blastema for the elements of the new tissues.

We see that M. le docteur Labat has adopted the views of Robin upon the formation of tissues from a preëxisting blastema. Here are the practical conclusions that he formalized before the Congress:

1st. Do not seek union "by first intention," only when the wound is shallow and the texture of the tissues uniform, when the opposed surfaces can be kept in contact deeply as well as superficially, when the tissues have not been too profoundly contused.

2d. In operations, dispose the flaps in such manner that the flow of liquids can take place with facility, and that they rest easy, one upon the other.

3d. Avoid, with care, all conditions that can lead to the alteration of products, or the retention of the altered products in the vicinage of the open mouths of veins.

4th. Favor the flow of liquids, by establishing drains.

5th. Never neglect a counter opening, when necessary, from the first.

6th. Avoid everything of an irritating nature, particularly in regions abounding with lymphatics.

7th. In wounds which are lacerated or contused and not united, prevent the retention of liquids at the bottom of the anfractuosities, by filling these cavities with charpie.

8th. Leave the member as immovable as possible, and avoid painful dressings.

9th. Abstain, absolutely, from lotions of pure water upon the wound; on the contrary, alcohol and water prevents the alteration of organic matter, and, in this way, renders considerable service.

10th. As long as one fears the supervention of purulent absorption, give ergotine in doses of 2 or 3 grammes the first day, and continue the days following, if necessary.

M. Mazzoni, a distinguished professor from Rome, spoke of the utility of separating the medical and surgical wards. (Unnecessary advice for most countries.) He said that erysipelas, purulent infection, and phlebitis were rare complications in Italy, but that traumatic pernicious fever was very common, and if quinine was not resorted to promptly, that the patients almost invariably died. And again; that puerperal fever, as an epidemic, was unknown in the hospitals of accouchement in Italy.

Prof. Palasciano, one of the Vice-Presidents of the Congress, had collected the statistics from the Maternité Hospital, of Naples, during thirty years, and had shown the complete absence of puerperal fever, although situated in the hospital for incurables, with twelve hundred beds, and where the most elementary hygeine is neglected. He continued:—"What is the cause of these important results? The response is this:—In the hospitals for accouchements and operations, patients are not received who can possibly injure the atmosphere, as those with typhus, typhoid, or other forms of fever; and those with tuberculosis are always separated from all others, and placed in wards distinct and distant.

M. Chauveau has succeeded, recently, in producing the natural vaccine, by inhalation of the contagious matter. The cause of the accidents which complicate surgical operations, is it not sometimes of this nature? In Italy, the surgical patients are cared for as scrupulously as parturient women.

Here followed some boasting between M. Marjolin, of Paris, and M. Meric, of London, about the condition (sanitary and otherwise) of the respective hospitals in Paris and London, which we omit.

Mr. Meric, of London, remarked that, in order to avoid consecutive hemorrhage, he left the stumps open from half to three-quarters of an hour after amputation. He asked M. Verneuil if he had remarked that amputations were much more grave when made upon lesions from railroad injury? For his part, he did not want to appear ridiculous, but he had lost nearly all his patients, and oftenest by gangrene of the stump.

M. le Docteur Bole (of Castel Sanasin) was inscribed for the next talk, and recounted six amputations, one of the thigh, and five of the leg, without losing any. He ascribes his wonderful success to the fact that he always made immediate union, and dressed with perforated linen covered with cerate de Galiem; and that he avoided frequent dressings, leaving the stump without touching many days. M. Bole supposes that similar treatment, if adopted in Paris, would be followed by very satisfactory results; but he forgot that in Paris immediate union is

not sought for in hospitals, as the attempts have usually been followed by formidable accidents.

Wednesday, 23d August.—THIRD QUESTION OF THE PRIMITIVE PROGRAMME.—*Is it possible to propose to the Governments some efficacious measures for restraining the propagation of venereal maladies.*

The first paper on this subject was in the form of a letter, by M. Wleminckx, (Bruxelles,) which was read, in his absence, by M. Crocq, from which we give the following extracts:

"The regulations of prostitution in the city of Bruxelles are the best, or at least the most complete, that I know of. The base of the rules are the following:

"Repeated visits (every three days) to all the women enregistered as prostitutes. Punishment of those who avoid the visits, and recompense to those who never fail to present themselves—this consists in the restitution, at the fifth visit, of the sums paid by them previously, for admission. Those presenting the least suspicion of disease of the genitals are sent to the hospital. Physicians are prohibited visiting or treating prostitutes at their domiciles.

"By these measures, we have seen, in a very short time, the number of cases decrease very much in our hospitals, civil and military, and those of a secondary or tertiary character have almost disappeared. To these general measures I have added one more, specially applicable to the army:—I prescribe that each man entered as syphilitic in the hospitals shall be interrogated upon the origin of the disease, however trifling it may be, and the place where he may have contracted it, and the woman who has contaminated him. I recompense those who make a correct statement. The woman accused is immediately arrested and placed in hospital. The result has been, that syphilis has been nearly extinguished in Belgium."

M. Crocq supported, verbally, the facts communicated in the above letter, and stated, in addition, that gonorrhœa had also become much diminished, but in a degree much less than syphilis. According to our laws, prostitution is exclusively under

the control of the corporations of villages and cities. The large cities have regulated it effectually, but there are still "communes" which have not followed this example, and are situated at the very gates of our large cities. They become, thus, the refuge of clandestine prostitution, and the indestructible centres of syphilis. The International Congress of Public Hygiene, held at Bruxelles in 1852, was occupied with this state of things, and proposed measures, some legislative and general, others of a local character. These demanded, amongst other things:

"The interdiction of all prostitution not under the *legal rules;* the personal responsibility of those who kept houses of debauch; the interdiction of prostitution with minors up to a certain age, and the confinement of those who proved delinquent in 'houses of reform;' severe penalties for those who are culpable of facilitating the debauchment of minors; a special tutelage for those children whose parents or guardians favor their prostitution or corruption."

These measures were recommended to be the objects of a special law, respecting the police of prostitutes, etc.

"The intervention of the State is necessary in two points of view, if we wish to attain the end to which we aspire:—First, to indicate to the cities and 'communes' the obligations that they should fulfil, relative to prostitution. Second, to support, at public charge, prostitutes undergoing treatment for venereal disease."

M. Prof. Jeannel presented a lengthy memoir upon prostitution and syphilis. He would impose upon public women, and especially matrons who employ them, the payments of the expenses of treatment in hospital. He proposed to submit all the immoral population to the authority of the "physicians of the epidemics," and to the inspector-general of the sanitary service, who should regulate the number of visits, inspections, etc. He proposed equally to make submit all sailors in ports, either at their arrival or departure, to a rigid inspection, for to these latter, syphilis owes its propagation more than from any other source."

M. Rollet, in the name of the Society of Medicine of Lyon, presented a long and important report, from which I make the following extracts:

The application of sanitary visits to all the prostitutes in all countries, is one of the most important international hygienic measures that one might propose to the different governments. Sanitary visits to men are useful under all circumstances, where there is reason to believe there is risk of propagation of venereal maladies; but these visits are not practicable by the administration, only with those under the immediate control of the authorities.

Without prescribing, in an express manner, to the keepers of houses of ill-fame, the means to be made use of in order to exclude unclean men, he recommended the employment of all practicable means of examination; and all necessary assistance for the girls in preserving themselves from unclean contact, and in no case to be constrained to come in relation with a sick man. The execution of these measures will rest with the mistress of the house, for which she is responsible under penalty, and she shall be subjected to the infliction of damage, when the percentage of disease in her house exeeeds a certain mean average.

The marines and soldiers, whom statistics show to be the most active propagators of venereal affections, should be subjected not only to periodical visits, but at each displacement, embarkment, debarkment, change of garrison, departure on holiday, on returning to the corps. Sailors of merchant vessels should not be permitted to land without certificates of health. The same rules should be applied to sailors of all those nations who may have given in their adherence to the recommendations of the International Sanitary Committee of 1853. These visits should be imposed upon all prisoners, and those arrested for vagabondage.

M. Mougeot believed that clandestine prostitution was the fruitful source of venereal disease, and proposed to drive the unfortunates into the public houses of ill-fame. For those who submit *en carte*, he proposes to render the proprietor legally

responsible for the consequences. Respecting personal preservation, he recommends phénique acid or amylique ether, as destructive of the virus, which, according to him is a parasite, with different species for each variety of venereal disease.

M. Auzias Turenne pretended that the only efficacious measure against the propagation of syphilis is syphilization, artificial and methodical. According to him, repeated inoculation destroys all susceptibility. A public woman thus syphilized, and carrying a certificate to that effect from the "syphilisateur," can no more take the disease nor give it. Thus, all the morbid centres would be extinguished in a short time, if such measures became general, and the problem would be solved. He declared, as inefficacious, all other means, administrative or personal. A woman who had been syphilitic, under certain circumstances could—as of an excitation too prolonged—be seized with a relapse of discharges, which, to all appearance, might be simple, yet would be able to communicate syphilis. Thus, the "visits" are rendered null in results, for the prostitutes having, nearly all, a hypersecretion from the genitals, a simple "flow" cannot always be distinguished from the virulent. With those who have been inoculated a sufficient number of times, the secretions can no longer communicate disease. M. Auzias Turenne finally appealed to the Congress to render to syphilization the place which it deserved as a prophylactic and hygienic measure.

M. Ricord presided. "I will make," said he, "but a single observation to M. Auzias Turenne, that which I have always made to him:—If he considers syphilization so efficacious, if he is convinced, let him prove it to us; let him experiment upon himself."

M. Auzias Turenne.—"I am ready to present all my observations, those ought to suffice. Scientific questions should remain impersonal."

M. Ricord.—"I do not wish to reflect upon M. Turenne. There was nothing personal, in fact, in my question. I said to him, furnish yourself, upon yourself, the proof of your conviction. You have experimented much upon others; you have

been able to see if these experiments were innocent; you said they were; prove then, by testimony indisputable, and I will be ready to believe; until then, I say that if you hesitate, you have not the certitude that you proclaim."

President Bouillaud interposed, and said that he had always appeared in defence of scientific progress, but that M. Ricord had the right to ask of M. Auzias Turenne an experience upon himself, that would be the proof of solid conviction; proof that Desgenette gave in relation to the plague; Charvin in yellow fever; the anti-contagionists of 1832, in relation to cholera; M. Ricord, in relation to secondary accidents in syphilis. All have inoculated themselves with that which they thought not to be transmissible, and in view of these acts of courage, one cannot comprehend the refusal of M. Auzias Turenne.

M. Auzias Turenne.—"I await scientific objections."

M. Jeannel, for his part, considered a single experiment, personal or not, as offering less proof than a series of anterior observations. The matter of greatest importance is, that M. Auzias Turenne shall produce a large number of facts.

M. Bouillaud.—"I wish to say, that as far as I am concerned, I am not opposed to any facts or experiences."

M. Ricord.—"I demand not only new facts, but proof of personal conviction."

Here, the general attention was distracted by an unexpected incident:—M. Villemin rose, and, in a voice of thunder, exclaimed:—"See me! I am a doctor of medicine; I am syhpilized, and am very well."

M. Ricord.—"Very well then, let M. Auzias Turenne follow your example."

M. Villemin.—"I have renounced marriage, he has not."

M. Ricord.—"And why have you renounced marriage, if syphilization has the advantages you suppose? Now you are incapable of taking syphilis, or of transmitting it to your wife or, hereditarily, to your infants, and still you renounce marriage. You are a phœnix, in your eyes, for the woman that you would take. This theory of syphilization reposes upon

false principles; it implies the unity of the syphilitic virus. I believed a long time in this unity, but observation has convinced me to the contrary. M. Ricord here gave a history of his labors and opinions. He endeavored to show that he had taken the first step towards the truth, by the distinction of two chancres, of which one was the point of departure for constitutional disease, while the other leads to results purely local. From the distinction of two chancres followed the distinction of two viruses. M. Ricord recalled the incident of having informed a young student in medicine that. in inoculating himself with soft chancre, he would take vérole if he took anything, and it took place. If this last is reproduced, we will be able to conclude that the difference pertains not only to the ground, but to the seed also. In a word, M. Ricord showed how he had gradually changed his opinion—constrained by the facts—until he had become a complete dualist, now, to believe in syphilization, one must first become a unicist.

"Our confrére who is syphilized, is he enough convinced to submit to inoculation from the virus of a hard chancre?"

To this, M. Villemin made no reply.

M. Ricord.—"I have never inoculated but myself, or the patient himself, with the accidents which pertained to him. This exclusive method of auto-inoculation has caused one of my most important errors. I have inoculated secondary accidents upon the vérolés and I accomplished nothing, for a vérolé can no longer take the vérole. If I had made inoculations from the sick to a well man, I would have been able to discover the truth. But I will never permit myself to make such experiences; when others make them, I will be convinced."

M. Auzias Turenne.—"I will restrain myself within the scientific limits of the question:—Exists there one or two kinds of virus? I will cite one fact. I inoculated a person infected with cancer, with the virus of soft chancre; towards the fourth inoculation upon both arms, a chancre, thus produced, was indurated, engorged. I believed, at first, that this was a manifestation of the cancerous diathesis, but a roseole that supervened at the end of a fortnight, and, a little later, the most

evident secondary accidents, left no room for doubt. Thus, the pus from a soft chancre had produced a hard chancre and constitutional syphilis. Here are the facts inversed, when we have no soft chancres from which to obtain pus, we fabricate it. It suffices to cover a portion of mucous tissue with a solution of sylphium egrenicum, and three or four days after, in inoculating the pus which it secretes, one produces a soft chancre, indefinitely transmissible. Formerly, Bœck wrote to me often, asking for virus from soft chancre, which he lacked at Christiana during the winter; but now he fabricates it when he wishes. I go still farther:—Suppose the existence of two viruses, is that a reason why transmission may be impossible. The 'small-pox' and 'vaccine,' are they not also different, at the same time one may be prophylactic of the other."

M. Ricord.—"I have said from the first, that if soft chancre preserves from hard chancre, it acts in relation to itself, as vaccine to variola, which is an accident, local, preserving from an affection of a general character. As for the transformation of chancres from one to the other, I do not believe it possible."

Adjourned for the Grand Banquet.

CASE SUPPOSED TO BE CARCINOMA OF THE STOMACH.

By M. A. McClelland, M.D., Knoxville, Ill.

Was requested to see Mr. J. B. B., a farmer, aged 62 years, June 15th, 1867. Learned from the family that he had been under treatment the past three weeks, for a bilious attack. He had never been in a bad state of health before, except at times a little dyspeptic—a trouble which would soon pass off without treatment. At present, found him suffering from an intense pain which he referred to, and above the umbilicus. Pain had existed for some time, reaching its maximum of intensity about the middle of the day. Knees flexed upon the abdomen; decubitus on right side; pulse 100, and feeble; tongue covered with

a dense yellowish-white coat; respiration hurried; some tenderness in epigastrium, and apparently a tumor on the line separating epigastrium from umbilical region, supposed to be cancerous; eructation of flatus and ejection of mucus, with portions of substance last injested was frequent. Gave morphine, sub. nit. bismuth, and postponed a more thorough examination till the pain was in a measure relieved. Examination two hours later revealed more clearly a tumor in the lower part of epigastric region. The tumor shaded off right and left, and apparently, on the right side, passed a little downward. Having ascertained that the bowels had not been acting for ten days past, hoped that my first impression was wrong, and that I had only a fecal tumor to deal with, and, governed by this hope, I ordered castor oil, ℥j., to be repeated in four hours, and again in six hours if necessary. Morphine was only to be given during the night if the pain became insupportable. At 4 o'clock A.M., found patient had taken both oil and morphine, and was now comparatively easy. Abdominal muscles relaxed to a considerable extent. On examination, I was able to follow outline of ascending and transverse colon very distinctly, distended with fecal matter. Diagnosis then supposed to be clearly made out, and ordered cathartics to be pressed ℥j.–℥iss., castor oil every four hours. At 11 o'clock A.M., exhibited two drops croton oil, and at three-quarters past 11, gave an enema. ℞. Water Oj., lard, molasses, and salt āā, a tablespoonful. Retained ten minutes, and brought away with it some thirty scybalæ. Patient greatly relieved. Ordered castor oil, ℥j., to be given at 3 P.M., followed in two hours by another enema, which was retained about five minutes, and was discharged with about two quarts of feculent matter, which had a good, healthy odor. Patient greatly relieved, and expressed a desire for food, which was given. Outline of ascending and transverse colon lost; tumor in epigastrium indefinite; pulse fell to 80; tongue began to clean from the edges and tip, being moist from the first examination. Ordered anodynes at long intervals. Elixir of bark and iron, with lime-water and milk, as the stomach was somewhat irritable. Tumor, as before stated, indefinite, but,

by deep palpation, could be made out in shape similar to a longitudinal section of a hen's egg. The evacuation of so large a quantity of fecal matter, with the relief it afforded patient, seemed to confirm the diagnosis of a fecal tumor. Being of a sanguine temperament, I begged the friends to believe I had taken a wrong view of the case when I first feared it was cancer.

Left an appointment to see the patient again on the 18th. When I returned, I found he was again laboring under considerable pain, with tumor in epigastrium more distinct. Believing it to be occasioned, to a great extent, by a reaccumulation in transverse colon, I labored during the day with oil and injections, to unload the bowels. Not having accomplished much by evening, I began to revert to my first opinion, inasmuch as he had been vomiting some grumous, slate-colored matter. Had concluded to put patient on anodynes, tonics, and lime-water, and milk diet, with the intention of again acting on the bowels, after a few days, if the case seemed to demand it. At the suggestion of a medical gentleman, who called at the time, and who, at my request, made an examination of the case, I added to the anodynes, gr. $\frac{1}{8}$, hydrarg. chloridi mite, which was ordered to be given every four hours.

On my return, the 20th, found the patient much improved. The bowels had acted slightly. Tumor still indefinitely made out in epigastrium, and referred it to contraction of recti muscles, as suggested by the medical gentleman who examined the case at my last visit. Directed anodynes, without the alterative, tonics, and nutrition continued.

Patient doing so well on the 24th, that we were only to visit him again, if summoned. The decubitus of patient was still on right side; knees not so constantly flexed upon the abdomen; tongue cleaning from tip and edges nicely; pulse 80, and full; pain trivial, yet referred to same locality; tumor as indistinct as ever. Directed a continuance of treatment.

Was summoned to see patient July 2d, and found him laboring under an aggravation of symptoms; pain severe; pulse 108, and feeble; knees and thighs strongly flexed on the abdomen;

eructation of flatus; vomiting of grumous matter; semi-delirious; tumor, either from increase of volume, or emaciation of parietes of abdomen, quite distinct—so palpable, that it was easily made out by a number of gentlemen who severally called during the day. Ordered anodynes, and informed friends that early dissolution was to be expected. Patient died next day. No *post mortem* admitted.

There are several points of interest in the foregoing case. *First*, The great difficulty in making out a differential diagnosis in tumors of the abdominal cavity, especially by one who has but limited opportunities of verifying his diagnosis by a *post mortem* examination. *Second*, The strong presumptive evidence of carcinoma elicited by a tumor in the epigastric region, especially if that tumor is of a very firm, immovable character. *Third*, The rapid development of the disease, manifesting itself during the period of latency by only slight dyspeptic symptoms.

Nothing has yet been said in regard to the peculiar cachexia that is usually observed in carcinoma. In a person of that age, following an out-door occupation, the cachexia is greatly modified by such exposure, and was, in the present case, sufficient to hide the peculiar waxy hue that attends malignant disease of the human system.

CASE OF FIBROUS TUMOR REMOVED FROM THE BROAD LIGAMENT OF UTERUS.

By Walter Burnham, M.D., of Lowell, Mass.

Reported by CHAS. M. CLARK, M.D., Chicago, Ill.

History of Case.—Mrs. J. L. H., aged 50 years. She had enjoyed uninterrupted good health for the preceding forty-two years of her life, and had borne four children; only one of the number is now living. In 1858, she suffered from a severe attack of "bilious-remittent fever;" the sequelæ of which was, as she states, general anasarca, which yielded readily to the treatment with cream of tartar; and during the years 1859 and 1860, was comparatively well, with the exception of occa-

sional hot flushes over the surface of the body, at which time, the skin would become very red, and a profuse perspiration break out, succeeded by extreme prostration.

In September, 1861, she first noticed a small tumor in the right groin, (she had not been regular with her catamenia for the preceding five months, and her last child was then 13 years old,) in size like a walnut. It could be distinctly felt, and was moveable to great extent. She commenced bloating a great deal at this time, but still was able to perform the necessary duties of her home.

In November of the same year, she was attacked with peritoneal and ovarian inflammation, and was confined to her bed until the following February, 1862. After this time, the tumor and the bloating seemed to decrease, and the tumor changed from the right side to a position more noticed, over the umbilical region. From this time, and until the following September, she felt quite comfortable, and was able to perform her usual duties. At this time, she visited Chicago, and consulted with Prof. DeLaskie Miller, and the late Dr. Orrin Smith. They advised her to return to her home in Missouri, and leave the tumor alone.

After this, she had no more trouble until August, 1865, when she was prostrated with dysentery. She recovered, but did not regain her normal strength. Soon after, she removed to Chicago. In December, 1865, ascites was first noticed, and its accumulation was slow, and she consulted and remained under the treatment of an electrical doctor, who promised a cure by the "laying on of hands." Her statement is, that the "prestigitateur" of electropathy benefited her general health, but his treatment increased the size of the tumor, and the effusion within her abdomen.

At the time when dropsical effusion commenced, her skin became scaly, and looked like the scales of a fish when viewed transversely with the axis of her body. The tumor gradually enlarged from this time, and the effusion within the cavity was such as to necessitate the operation of paracentesis, which was performed June 12th, 1866, by Dr. David Dodge, of this city,

under whose care she then was, and ten quarts of light straw-colored serum removed.

At the time Dr. Dodge assumed charge of the case, the abdomen was greatly distended; there was constant vomiting—nothing would remain in the stomach; rapid and weak pulse, and great emaciation. The urine was voided once in forty-eight hours, but scantily and very high colored. No appetite; would drink gruel, and vomit it immediately; skin hot and very dry. The treatment given at this time was blister applied to the abdomen and dressed with morphia, together with injections of morphia. She had, previously to the visit of Dr. Dodge, taken elaterium from a German physician on the west side.

I was called to see the case about the 14th day of July, 1866, in company with Dr. Dodge, and took away twelve (12) quarts of fluid. After the evacuation of the serum, I could grasp a large, nodulated tumor, about the size of a fœtal head, which was moveable, and would easily slide from one side to the other. Manipulation of the tumor gave her no pain. My prescription at this time was chlorate potass., tinct. ferri. mur., and ol. morrhuæ. August 14th, I again tapped her, and took away fourteen quarts of a straw-colored serum; also, September 8th, when fourteen quarts was voided; and again, October 1st, when I took away fourteen quarts. An operation for the removal of the tumor was now seriously thought of, and the woman's consent gained, and the day appointed; but on consultation with several eminent physicians, who visited the case with me, it was thought best to defer the operation until she should gain more strength.

October 3d, I made a close and thorough examination; found that the tumor had increased in size, was more nodulated, and that the effusion was increasing rapidly.

October 17th, I again tapped her; drew off sixteen quarts of fluid, the last pint of which was mixed with blood, but this was due to contact of the tumor with the canula, in her efforts in pressing with her hands to squeeze out the last drop from the abdominal cavity.

Soon after this, I left the city, and the case was assigned to

Dr. Seeley, who cared for it until the following operation by Dr. Burnham.

She bore the operation well, and slept soundly during the night without an opiate. No especial treatment seemed to be necessary after the removal of the tumor, except simple dressing to the wound, and nourishment.

During the night, she perspired very freely, the first action of the skin she had had since the commencement of the tumor.

The wound healed rapidly; and there has been no effusion within the abdomen up to the present time, October 18th, 1867. She is now enjoying good health and doing her own house work.

The tumor weighed three pounds and four ounces.

DR. BURNHAM'S REPORT OF THE OPERATION.

Mrs. H., of Chicago, aged —, has had a tumor in the lower part of the abdomen for several years, during the last three or four of which it has been complicated with ascites, to such an extent that she has been "tapped" several times to relieve her from the pressure of the accumulated fluid; the last operation having taken place about a week prior to my seeing her. At each time about twenty pounds of serous fluid had been removed, leaving a hard, irregular, but movable tumor, about the size of a fœtal head at full term, occupying the lower part of the abdomen and pelvis. This had increased very slowly, but seemed to have become more irregular and nodulated after each tapping.

She had been treated by several of the profession in Chicago, and had, from time to time, been seen in consultation by the best surgical and medical talent in the city; and, although the symptoms were very obscure, and the appearances varied at the different examinations which were made, yet the general opinion was that she had a multilocular ovarian tumor. She was very feeble and greatly emaciated, but was still able, during a great portion of the time, to go about her house.

I first saw her on the 29th day of May last, by the invitation of Dr. D. Dodge (who had, at a previous period, been her

attending physician, although not at that time in charge), and after examination and learning the history of the case, I advised an exploring operation by a short incision through the abdominal walls, with a view to ascertain the kind, character, and extent of the adhesions, if any there were, so that, if owing to them, it was not deemed feasible to attempt the removal of the tumor, the patient might be subjected to the least possible risk. On the following day, I met Dr. Dodge, the two Drs. Clark, and Dr. Seeley in consultation, and they fully concurred with my views concerning an operation. Accordingly, the patient was placed on a lounge, and chloroform was administered until she was fully under its influence. I then made an incision through the integuments down to the peritoneum, extending from an inch below the umbilicus three inches downward in the median line, then, raising the peritoneum carefully, I divided it and passed the canula of a No. 10 trocar into the abdominal cavity, removing about fifteen pounds of a serous fluid, after which I increased the opening in the membrane, so that it corresponded with the original incision, by which means I was enabled to gain a free examination of the tumor, which I found sustained by a pedicle from the broad ligament of the uterus. There were, also, firm adhesions to the intestines to a considerable extent, and one of the Fallopian tubes was attached throughout its entire length. I thought, however, that these might be separated, and, with that view, extended my first incision three inches upward (avoiding the umbilicus), and about two inches downward, thus gaining ample room to turn the mass around, and, by presenting its smallest diameter, to bring it to the surface, that I might the better remove the adhesions. I then carefully dissected off the attachments to the intestines and the Fallopian tube, being obliged to ligate and remove a portion of the omentum, which was so thoroughly incorporated with the tumor that it could not be separated. I next passed a double silk ligature around the pedicle and drew it tightly, holding it firmly for some time before securing it, to prevent the duplication of membrane from slipping. I then tied it and separated the pedicle about a-half inch from the ligature.

The wound was dressed by approximating the edges with five (5) wire sutures (bringing the ligature out at the bottom), and covered with straps of adhesive plaster, extending from one side to the other; above these, a compress of cotton batting was applied, and the whole secured by a broad bandage. The patient was then removed to bed and a mild anodyne administered, together with nutritious drinks, *p. r. n.* She was left in charge of Dr. Seeley.

In conclusion, I wish to return my warmest thanks for the very kind and efficient aid rendered me by the medical gentlemen above enumerated, during this difficult and somewhat tedious operation.

SHELL WOUND IN THE FOREHEAD.

By A. A. Dunn, M.D.

It has been suggested by some medical gentlemen that a condensed statement of the case with the above caption, read before the Chicago Medical Society in April last, would not be uninteresting to the profession, and, as I have seen a very brief synopsis of that report in the *Chicago Medical Journal*, and not altogether correct, I am induced to submit the following for publication in the same journal, as it gives a better idea of the facts of the case than was given by the synopsis referred to:

The wound was received at the battle of Franklin, Tenn., 30th Nov., 1864. The missile was a fragment of shell which struck the forehead some two inches above the eye, and penetrated the frontal sinus. Complete insensibility was produced at the time, and was followed by periods of delirium, principally upon waking out of sleep, for four weeks. The delirium, however, was not so complete as to prevent the subject remembering what transpired during the aberration. No paralysis followed, save over the scalp in the region of the wound; which region was, in a few days, assailed by the most intolerable itching, radiating from the wound. The propensity to rub, scratch, and dig at the part affected thus, was irresistible, but, for many

days, even weeks, rubbing a board would have answered equally as good a purpose toward allaying the itching.

Three days after the injury was received, several spicula of bone were removed from the wound. It has remained open, except for brief periods, ever since; but at no time was any loose bone discovered in the wound, or in the discharges, till the 19th day of March last, just two years, three months, and nineteen days from date of injury, when a few small fragments of carious bone were discharged through the nostril. The wound was several times probed with the view to find carious bone, but the impulse of the probe upon the bone within and without the sinus, at no time revealed any carious surface. Since the expulsion of those fragments, the wound has remained open nearly all the time, the discharge being much less than formerly, purulent, and inodorous, generally. Not so much can be said for what passed through the nostril, which was small in quantity, but occasionally quite fetid.

Within two weeks after the fracture, neuralgia, violent and intolerable, assailed the head and face. Sometimes the attacks were sudden and brief, at other, gradual and prolonged, these latter invariably producing torpor of greater or less duration, and out of which the patient issued, at times, at once, and completely refreshed, and, then again, depressed and languid in body and mind. These paroxysms continue to recur, but with greatly decreased violence and frequency.

For six months the head suffered from a sense of constriction; 'twas as though a band of iron was around the head alternately tightened and relaxed; and during that time, it was impossible for the subject to tell, without putting his hand to his head, whether or not his hat was on. To this day, that condition of things recurs—at long intervals, however.

Three weeks after date of injury, the patient returned alone to his home in Illinois. But for a week after arriving there, it was a question if a grave error had not been committed by leaving the hospital. The process of recovery was, however, soon reëstablished, and in February, during very cold weather, he rejoined his regiment, and was discharged with it, the June following, in North Carolina.

Upon the accession of the neuralgia, morphia, in large doses, was resorted to for relief from the terrible suffering. Apprehension, in the mind of the patient, as to the effect of the opiate upon the bowels, and as a habit, induced him to resort to hot whisky punches, within a week after commencing the morphia, and with a tolerably happy effect, the latter being resorted to only occasionally, and not at all within the last year.

No general treatment was pursued. Not a dose of medicine of any kind was taken, save the articles mentioned. The local treatment was water dressing. Oakum, for three months, was placed on the wound to absorb the discharges, and afterwards, lint was used. For more than a year past, no dressing has been used, a handkerchief being carried for the special purpose of looking after the discharge, which, of course, has not been much. During the winter of 1865 and 1866, the fistulous opening was deeply cauterized with a stick of the solid nitrate of silver, producing a paroxysm of neuralgia, which rendered the patient nearly frantic, and led to the taking of enormous doses of sul. mor. for relief. Subsequently, the same material, in solution, and of variable strength, at no time exceeding 10 grs. of the salt to the oz. of water, was injected a few times, ralways inducing ascally neuralgic paroxysms, and was not persisted in.

The suggestion to cut down upon the bone and chisel out any carious bone that might be found, was several times made, but never entertained by the patient.

After the first few weeks from the injury, the general health of the patient, baring the neuralgia, has been absolutely good.

The points of interest in this case are:—

The rapid recovery under circumstances where no particular effort was made to avoid exposure to temperature and other conditions of weather;

The perfect impunity with which morphia and alcoholic stimulants were used so soon after the head was wounded;

And, the soundness, or unsoundness, of the let alone process pursued in the case.

On the second point mentioned, I may be permitted to say,

the effect of the alcohol upon the cerebral mass, would seem to verify the theory of Dr. N. S. Davis, that alcoholic stimulants, are *not* stimulants, but are sedative and anæsthetic in their action upon the nervous system.

In addition to the phenomena mentioned, it may be well to state, that, the concussion had the effect to quicken and intensify a naturally irascible temper, it is to be feared, permanently.

CONSERVATIVE SURGERY.

By C. F. Hart, M.D.

In some medical journal, a few days since, I found the question, Is not the knife too seldom used? which might very appropriately call forth an answer by another question, Is not the knife too frequently used? I think it is.

You, no doubt, as well as others, have seen the many accounts in the papers of late, headed false diagnosis in surgery. During the late war, many a poor soldier lost his limb from this cause, whilst others, by the desire of the surgeon to gain some reputation with the knife.

In the summer of 1860, July I think, Dr. E. R. Cook, of Kentucky, called at my office, and laid the following case before me, and asked my opinion as to the propriety of amputating:—The patient, a boy about 14 years of age, had, the day before, whilst out hunting, accidentally shot himself, the contents of the gun having entered the right arm, as the Dr. said, at the wrist joint, breaking up the articulations, and carrying away from 1½ to 2 inches of radius and ulna, the head of the bones shattered. From the statement, my opinion was, that amputation was inevitable, and the sooner the better, but that I could not give a satisfactory answer without seeing the case; that I thought the authors on the subject would sustain him in the operation; that where the heads of the bones were shattered, and the articulations broken up, it was a proper case for amputation.

He then proposed that I would meet him and others in the case. I consented, and upon examination of the patient, found that the charge had entered the arm about ½ an inch to 1 inch from the head of the bones, and between them, missing the radial artery, but carrying away, as he had stated, about 1½ or 2 inches of the bones. I directed him to work his fingers, which he did, and could move the thumb, index, and little fingers with ease, the ring and index finger could scarcely be moved, and caused a good deal of pain; the head of the bones, so far as we could judge, was sound. I, of course, changed my former opinion, and advised cold water dressing, or irrigation of ice water, and try and save the arm. Some were in favor of immediate amputation. My reasons, as then expressed, for opposing such a course, was, that the patient was young, healthy, and robust; the periphery was intact; the heads of the bones, so far as we could discover, were uninjured. Dr. Cook thought as I did, and finally the others; the result was, the recovery of the patient, with a good and useful arm.

Case II. During the war, one of the soldiers, in the hurry and confusion of a retreat, let his pistol fall, which caused it to fire, the ball taking effect in the left arm, about 2½ inches from the joint, passing through and carrying away from 1 to 1½ inches of both bones; this was in August, 1864; he was left in charge of Dr. Wm. Feland, then a citizen, but formerly Assistant-Surgeon of the 32d Illinois Infantry, I think; he asked me to see the case with him; the question then was, Would it not be necessary to amputate in order to save the patient's life? The weather was very hot, and gangrene strongly threatened. Some of the older physicians were for taking it off. The Dr. thought it might possibly be saved by close and careful attention. I agreed with him. The soldier was anxious that it should be saved if possible, and willing to suffer the pain as well as the danger of gangrene. He was young—not quite 20—healthy, and robust. The result was, the arm was saved, and he reënlisted and served to the end of the war.

Case III. In October of the same year, during an engagement, one of the boys was wounded through the left arm, about

1½ inches from the joint, with a large minnie ball, passing through and carrying with it not less than 2 inches of both bones. I did nothing with it that day, but throw a loose bandage wet with cold water over it, and gave him some morphine, with directions to keep it wet until I could give him further attention. The next day, I had several of the physicians of the place with me, and when we came to this young man, they were all in favor of amputating, which I could not consent to. The boy was young, in fine health, and good game, and I thought, with proper care and attention, his arm might be saved, which proved to be true. He recovered, with the arm ½ an inch short, a little twisted, but with perfect use of it.

Proceedings of Societies.

CHICAGO MEDICAL SOCIETY.

DANGEROUS EFFECTS OF CHLOROFORM.

Dr. Holmes reported a case in which the administration of chloroform was followed by exceedingly alarming symptoms.

The patient, aged 68 years, although he had formerly been addicted to the excessive use of alcohol, was apparently in good health. The anæsthetic was given for performing iridectomy, at the regular clinic at the Chicago Charitable Eye and Ear Infirmary. He was placed in a recumbent position, the head being slightly elevated. The chloroform was inhaled from a napkin, folded square and held, in the form of an arch, a couple of inches from the face. In about four minutes, without any unusual change in the patient's appearance, or in the action of the heart and lungs, there were very violent tonic spasms of the legs and arms. At the end of another minute, the muscles became suddenly relaxed; the breathing ceased, and the pulse became very feeble; the face was covered with perspiration; the lips were pallid, and the features "pinched," giving the appearance of death itself. On raising the feet and

hips, drawing out the tongue, and pressing upon the chest, the patient began to breathe. The breathing became normal in two or three minutes, when the patient was restored to a horizontal position. Without giving more chloroform, the breathing at once ceased. The same expedients were immediately adopted, but for some time without effect. Froth stood about the lips, unmoved by the breath; the pulse at the wrist was almost inappreciable. After ten minutes, the patient being held in the position described, and the chest being alternately compressed and relaxed, the heart's action, which had, however, not become entirely inaudible, became stronger, and soon the respiration and pulse became normal. The operation was then performed without further incident. In twenty minutes, the patient was able to walk up two flights of stairs without difficulty.

The reporter stated that he had recently observed as alarming, though not so protracted, symptoms while administering sulph. ether to a patient advanced in years. The reporter also stated his belief, that the importance of position in these cases was not sufficiently impressed upon the minds of practitioners. It was not sufficient, simply to remove the pillow and slightly elevate the hips; the patient should be placed head downward, upon a very steep inclined plane. He had observed the immediate good results of this position in several cases in which chloroform acted unpleasantly upon the heart and lungs.

Whatever may be the conditions, upon which danger in the administration of chloroform depends, there is reason for believing, in some cases at least, that there is an insufficient supply of blood in the brain.

CHRONIC ASTHMA RELIEVED BY ELECTRICITY.

Dr. Bevan reported a case of most distressing chronic asthma, in a female, 35 years of age, relieved by weak currents of electricity.

RUPTURE OF THE SPLEEN.

Dr. Fenn reported a case of rupture of the spleen, in a patient 23 years of age, at the County Hospital. The patient had suffered, some time previous, from fever and ague, and

recently, from exposure to cold. During the first week at the hospital, the chief symptom was a high fever. During the succeeding two weeks, there were distinct evidences of peritonitis, which terminated in death. At the autopsy, there was found in the abdomen, a coagulum weighing seven pounds. The substance of the spleen presented the appearance of a soft jell.

SINGULAR FRACTURE OF THE OS CALCIS.

Dr. Bogue exhibited the os calcis of a patient, who had fallen from the second story of a dwelling-house to the sidewalk. The bone was fractured into twelve pieces, no other bone being broken.

RETAINED PLACENTA.

Dr. Paoli reported a case, in which he was unable, with the greatest effort, to remove but a-third of the placenta. In six days, without any unfavorable symptoms, the remainder of the placenta was expelled.

STRICTURE.

Dr. Rush reported a case of stricture, in a patient 53 years of age, the result of gonorrhœa contracted twelve years before. For six years, there had been but very little obstruction; for four years subsequently, the patient had experienced much difficulty in voiding the urine, and during the remaining two years, the discomfort had been extreme. At the time of the operation, there were three fistulæ, with quite extensive sinuses—one in the perineum, one in front of the scrotum, and another in the penis. The stricture, about an inch in length, was situated near the middle of the penis. A No. 2 catheter could be passed with difficulty. Forcible dilatation was accomplished by means of a dilator, with scarcely any hemorrhage. In a short time, the patient was well, and able to pass a No. 12 sound without assistance.

ENLARGED CANCEROUS LIVER.

Dr. Ross exhibited the liver of a patient, who had died at the County Hospital, under somewhat singular circumstances. The patient, a German, 41 years of age, had suffered for eight months from indigestion, and pain in the epigastric region, which he attributed to the poor diet he received on board ship,

during a long voyage. A very large swelling in the region of the liver was developed *during the last two weeks of life.* At the autopsy, the liver was found enormously enlarged, weighing fifteen pounds. It was studded with encephaloid masses, varying in size from that of a pea to that of a hen's egg. No other organ presented symptoms of the disease.

DEATH FROM LARGE DOSES OF DIGITALIS.

Dr. Dunn reported a case, in which a woman, laboring under delirium tremens, died, on suddenly rising, after taking four teaspoonfuls of tinc. digitalis, at intervals of about four hours. Two teaspoonfuls had been prescribed, the other two having been administered by the carelessness of the patient's friends.

Drs. Davis and Fisher reported cases of delirium tremens, under the care of these physicians, which had terminated very suddenly, after large and repeated doses of tinct. digitalis had been taken.

BENDING OF THE RADIUS AND ULNA.

Dr. Reed reported a case, in which the fore-arm of a child, 5 years of age, had been bent, by a fall, almost to an acute angle, without any apparent fracture.

PERFORATING ULCER OF THE ILEUM.

Dr. Ross exhibited the ileum of a young man, who died suddenly during convalescence from typhoid fever. The specimen showed a small perforation into the peritoneal cavity.

FACIAL PARALYSIS IN SYPHILIS.

Dr. C. G. Smith reported a case of facial paralysis, as a symptom of secondary syphilis, six weeks after the primary disease. This entirely relieved by the use of protiodide of mercury. Such cases are regarded as quite rare.

TETRACHLORIDE OF CARBON.

Prof. Andrews described the very alarming symptoms which followed the inhalation of the tetrachloride of carbon. The patient, a young man, somewhat reduced by confinement and disease, after breathing this anæsthetic some minutes, complained of violent griping pain in the abdomen. The pulse increased very rapidly in frequency, till it could scarcely be

counted; respiration ceased; the head was drawn back; and the pupil dilated, after about ℥iij. were inhaled. The usual efforts to arouse the patient were made, with success. In a few minutes, the patient was completely out of danger.

Dr. Marguerat reported a case of mania following erysipelas, evidently produced by suppression of urine (uræmia). The renal secretion was soon reëstablished, after the administration of turpentine and spirits of nitre, when the delirium disappeared.

BROMIDE OF POTASH IN EPILEPSY.

Dr. Merryman related a case of severe epilepsy, much ameliorated by the use of bromide of potash.

VALVULAR DISEASE OF THE HEART.

Dr. Ross exhibited the heart of a male patient, 38 years of age, who had suffered a severe attack of acute rheumatism fourteen years ago. The heart was hypertrophied, the mitral valves much thickened and indurated, the aperture being reduced to a very short and narrow slit, and the aortic valves were also indurated and thickened.

Correspondence.

GELSEMIUM.

By D. L. Phares, M.D., Woodville, Minn.

In an article on this subject, published in the Journal some weeks ago, Dr. Jonathan W. Brooks takes to task the venerable and learned Prof. Wood, for inaccuracy in giving credit in "the article Gelseminum, or Yellow Jasmine, at pages 409 and 410 of the United States Dispensatory, twelfth edition," etc.

In the first place, Dr. B. does violence to the orthography of Prof. Wood, who, in accordance with highest authority and best usage, writes gelsemium, (an ancient name of the Jasmine,) and not gelsemi-n-um, from the more recent Italian form.

In the second place, Dr. B. lays violent hands on the phraseology of Prof. Wood, who never wrote such an ill-constructed,

ungrammatical, and illogical sentence as that enclosed in quotation marks, as if from the United States Dispensatory.

In the third place, in attempting to convict Prof. Wood of ignorance, by an apparently learned array of authors, extending from the first to the nineteenth century, inclusive, Dr. B. succeeds in making an astonishingly brilliant display of his own deficiency of knowledge of the subject under consideration. For the authors cited, (one, perhaps, excepted,) at the very places and under the very titles referred to by Dr. B., say not a word about the plant of which Prof. Wood writes, but speak of one totally different in almost every respect. The Gelsimium having never been found in any part of the world but America, till introduced thence into Europe about the middle of the seventeenth century, it is no less absurd to seek for it in the "Materia Medica" of the third Dioscorides, than in the "*Hypomnemata*," or the "*Politeia Lakedaimonion*" of the second of that name, for a mention of the Constitution of Illinois; in the "*Epigrams*" of the second Dioscorides, for a notice of the literary character of the CHICAGO MEDICAL JOURNAL; in Aristotle's treatises on "*Sounds*" and "*Colors*," for the origin of Morse's Telegraph, or Photography; in Pliny's "Natural History of Animals," for an allusion to the American Opossum; or in Ptolemy's "*Geographike Aphegesis*," for the topography of Chicago. All would be equally relevant, pertinent, and satisfactory, being similar anachronisms.

On the other hand, the Jasminum, of which there many species, was known from a very early period in most countries of Europe, Asia, and Africa. It is the plant mentioned by Dioscorides and the others. It is the same that is named in "the article Jasminum officinale, by Charles Linnæus, 1743," as cited by Dr. B. The name is from the Arabic *ysmyn*, jasmine; though Linnæus, whose imagination was very lively, obtained a fancied etymology from the Greek *ia*, a violet, and *osme*, a smell. If Dr. B. will turn to pp. 1568–9 of the U.S. Dispensatory, he will find what Prof. Wood really does say of this plant, now, and for ages past, a favorite in the flower garden and conservatory, being the common white jessamine. The J.

hirsutum, more rare and esteemed, expands its myriads of delicate flowers only at night, in this latitude, lading the air, for a great distance around, with its delicious fragrance. But the most highly prized species, is the J. Sambac, a specimen of which, at the close of the seventeenth century, attracted so much attention in Hampton Court garden. When that was destroyed, this species was for a long time known in Europe only in the garden of the Grand Duke of Tuscany, at Pisa, where the plant was placed under guard, that no cuttings might be purloined. But I must forbear saying a tithe of what might be said with interest of this and other species of this very interesting genus.

Dr. B. will find the gelsemium (of which but one species is known) in the "Linnæan System," as well as in the earlier writers on the "Natural System," under the name *Bignonia sempervirens*. But however designated, the gelsemium and jasminum belong to totally different species, genera, families, tribes, orders, and classes; and differ no less in their properties, being no more akin than the raspberry and cockle-burr. All Dr. B.'s other remarks, arising from a misapprehension, are without a shadow of foundation, irrelevant, and require no further notice. He has been misled, evidently, by similarity of names, as we sometimes see one, misled by a name, direct his treatment to that, instead of the special morbid conditions of his patient.

All that Prof. Wood affirms of the medicinal properties of the gelsemium, and even much more, is true, and well known to many able practitioners of large experience in its use.

I close with Dr. B.'s closing words:—"The necessity of thus noticing" his "article is to be regretted."

PHILADELPHIA, PENN., *Nov. 6th, 1867.*

Editor of Chicago Medical Journal:—Again, a month has rolled by, and I find myself seated at my desk, endeavoring to add my *mite* to your columns of interest and value. Two cases, of no little worth, among others, have presented them-

selves to my notice since I last wrote you. The first was that of a miscarriage. I had been engaged by Mrs. P., to attend her in confinement, which she expected would occur in the early part of February, 1868. On the evening of October 7th, about 7 o'clock, I was called to her house, and found her in much pain. From inquiry, I learned she was five months advanced in pregnancy. On the evening previous, she made a misstep on her way from church, and at once felt a pain in her "belly." Never having had a child, she thought not of its being a labor pain. She felt no more of it that night, but on rising in the morning, remarked to her husband that she had "colic." However, she was busy about her house in the forenoon, and in the afternoon, she walked considerably about town, experiencing these "colicy" pains during the whole of the day. About the above time, 7 P.M., she noticed a spot of blood upon some of her undergarments, and at once sent for me. Upon examining her, I found the os dilated to the size of a-half dollar, with the bag of waters protruding. Pains, severe and frequent, were now setting in, and they increased in severity until half-past 2 A.M. of the 8th inst., when I found the os largely dilated and elastic, and I broke the waters. At 3 o'clock, I delivered her of a living child (female.) I was obliged to remove the placenta, being adherent. The child *was washed and dressed, and lived six hours and fifty minutes.* The mother is now quite well. The next case was that of an ovarian cyst, of two years and a-half standing, formed on the person of Mrs. K., aged forty-five. In June, 1867, she presented herself to Prof. Wallace, (through whose kindness I was permitted to see the case,) for treatment. Her abdomen was very much distended, and after preparatory treatment, Dr. Wallace tapped her. At this time, twenty-one and one-half pints of thick gelatinous, brownish fluid escaped. Its specific gravity was 10.2. Eighteen weeks after this operation, Prof. Wallace again tapped her, this time taking eighteen pints of fluid of a like character. On October 20th, she was tapped, and six pints taken. After this tapping, Prof. Wallace, by means of a Davidson's syringe, threw eight ounces of distilled water into

the cyst. This was, by the same means, immediately drawn out, together with nearly a pint more of the fluid; then six ounces of Ry. tinct. iodinii ℥j., alcohol ℥xij., aq. distil. ℥vj. Twelve minutes elapsed, from the introduction of the first drop of the iodine, till the last was withdrawn. The pulse was immediately accelerated, but no untoward symptom occurred. The patient was now carefully and comfortably bandaged, and left to enjoy the full anæsthetic effect of the ether which had been administered her. She was, of course, closely watched by Prof. Wallace, and she has had no unpleasant result thus far. Eleven days have now passed since the operation was performed, and there has been no symptom of peritonitis, and there is as yet no sign of the cyst again filling. I have some interesting cases, which I shall from time to time send you.

Yours, &c., E. R. HUTCHINS.

ROMEO, MICH., *5th December, 1867.*

PROF. J. A. ALLEN, M.D., Chicago:

Dear Doctor:—I noticed, in a recent No. of your JOURNAL, that you regard the indiscriminate use of caustics, in ulceration of the os uteri, as very reprehensible. I have, for a long time, regarded them as potent remedies, if judiciously applied, yet liable to be very improperly used. I have succeeded admirably in the treatment of the above mentioned disease, by pursuing a milder course than that usually adopted, and have concluded to give a sketch of the plan adopted, allowing you to judge whether it is worthy of insertion in your columns.

In chronic ulceration of the os uteri, I used the argent. nit. fus., at first, repeating in the usual interval of about five days, but very rarely find it necessary to make more than the second application. The subsequent treatment consists in the use of the following:—Ry. argent. nit. crys. ℥ss, aquæ dist., f.℥; M. fiat sol. Applied in the following manner:—First dry the secretions about the diseased surface (which is brought to view by means of the speculum) by the use of a fine sponge, mois-

tened, and secured to a caustic-holder or probang; then with a camel's hair pencil cut short, and wound with a thread from the holder to within an inch of the point, in order to lessen its mobility; the above mentioned solution is carefully painted all over the diseased surface, until the characteristic whiteness is observed, repeating every third day; and after each application, in case there is evidence of the ulceration extending far within the cervix (which is found to be the case almost invariably in chronic cases), I inject about a-half fluid ounce of solution of the argent. of the following strength—viz.: five grains to the ounce. At the same time taking the precaution not to do this nearer than two or three days either preceding or following the menses.

In recent cases the lunar caustic is not used at all, the latter measures being fully adequate to cure.

I have found the above method much more satisfactory, both in point of time, and in lessening the liability to recurrence, than harsher measures such as are usually recommended.

Your obedt. Servant,

J. B FARES.

KALAMAZOO, MICH., *November 14, 1867.*

DR. J. ADAMS ALLEN, *Editor Chicago Medical Journal:*

Dear Sir:—So many persons have written me enquiring about the source of Propolis, and whether it is identified with bee-bread, I would thank you to state in the next issue of the Journal that Propolis is found in old bee-hives. It is not the same as the bee-bread but is very different. It is used by the bees as a sort of glue or cement with which they smear over any rough places in the hive; fill up any holes, and cement the comb to the sides of the hive. It can be readily distinguished, and easily collected from any old bee-hive. Its vegetable origin and source is not very definitely known, but is probably from the buds of certain trees, such as the birches, the hickory, and especially the tree known as the balm of Gilead.

Yours, Truly, H. O. HITCHCOCK.

BOOKS RECEIVED.

Report on Meteorology, Medical Topography, and Epidemic Diseases of Illinois. By R. C. HAMILL, M.D., Chicago, Ill.

A valuable contribution to the Transactions of the American Medical Association, from which the practitioners of Illinois, especially, cannot fail to gather many useful hints.

Catalogue of the Surgical Section of the United States Army Medical Museum. Prepared under the direction of the Surgeon-General, U.S. Army. By ALFRED A. WOODHULL, Assistant-Surgeon and Brevet-Major, U.S.A. Washington: Government Printing Office. 1867.

We are under great obligations to the Department, for a copy of this most important volume. It does great credit to the industry and zeal of the Medical Staff of the Army. A more extended notice and analysis of its contents will appear in an early No. of the JOURNAL.

A Contribution to the History of the Hip-Joint Operations Performed during the Late Civil War: Being the Statistics of Twenty Cases of Amputations and Thirteen of Resections, at this Articulation, in the Southern Service. By PAUL F. EVE, M.D., Prof. of Surgery in the University of Nashville, Tenn.

The Gospel Among the Animals, or Christ with the Cattle. By SAMUEL OSGOOD, D.D. New York: Samuel R. Wells, Publisher, 389 Broadway. 1867.

A Complete List of the Muscles of the Human Body. A Chart —Size 24x38 inches. By W. LITTLE, M.D., Chicago, Ill.

A convenient map for students and practitioners, showing at a glance, the muscles of the body, their attachments, and uses.

Lectures on the Diseases of Women. By CHARLES WEST, M.D., F.R.C.P., Examiner in Midwifery at the University of London, etc. Third American, from the Third and Revised English Edition. Philadelphia: Henry C. Lea. 1867.

It is unnecessary to introduce this work to medical readers, as it has already passed among the standard treatises which

should be found in every professional library. In the present edition, we notice valuable revisions and additions, suggested by the author's larger experience and study. The subjects, Uterine Hæmatocele and Ovarian Disease, have been extensively elaborated.

Pope's Essay on Man. By ALEXANDER POPE, with notes by S. R. WELLS. Beautifully Illustrated. S. R. Wells Publisher, 389 Broadway, New York. 1867.

Then and Now: A Discourse Introductory to the Forty-Third Course of Lectures in the Jefferson Medical College of Philadelphia. By S. D. GROSS, M.D., Prof. of Principles and Practice of Surgery.

The Principles of Medicine, By JOHN M. SCUDDER, M.D., Professor of the Principles and Practice of Medicine in the Eclectic Medical Institute of Cincinnati, Ohio; Author of a "Treatise on the Diseases of Women," etc. Cincinnati: 1867. From the Author.

This work contains, in addition to much that, of course, is found in standard treatises on the subject, an outline of the supposed peculiar views of the so-called "Eclectics." We fail to see the necessity of any such prefix, or the real importance of the suggested differences. Scientific medical men may be fairly supposed to practice in accordance with the principles of science and not the mere dogmas of a sect.

The Physician's Hand-Book for 1868. By WILLIAM ELMER, M.D. New York: W. A. Townshend & Adams, Publishers, No. 434 Broome Street.

The receipt of this well-known hand-book and diary should have been earlier acknowledged—but, "good wine needs no bush."

Seventeenth Anniversary Meeting of the Illinois State Medical Society. Held in Springfield, June 4 and 5, 1867. Robert Fergus' Sons, Printers, 12 & 14 Clark St. 1867. Pp. 212.

Rand's Medical Chemistry, the publication of which, by T. Elwood Zell & Co., was noticed in a previous number of the

JOURNAL, we find, on examination, an exceedingly convenient and useful little work. Although designed mainly for students, it is well worth perusal or reference by practitioners. We cordially commend it to our readers.

The Atlantic Monthly, December, 1867.—Ticknor & Fields still sustain the high reputation achieved by this literary magazine. It is, unquestionably, the leading monthly of the country for family reading. In the ensuing volume, its readers are promised a new novel by Dickens, which announcement alone must largely increase its subscription list.

Our Young Folks, published by the same house, is the best magazine for younger readers with which we are acquainted. *Our* young folks delight in its contents, and the old folks while away many a pleasant hour in discussing its contents.

Every Saturday, continues fruitful in good reading, and, during the last year, has afforded many articles of a high order of ability.

Southern Journal of Medical Sciences.—The November No. of this excellent quarterly is at hand, filled with valuable and interesting matter. It is announced that arrangements have been made, whereby it is hereafter to be practically consolidated with the *New Orleans Medical and Surgical Journal*, and the talent exercised in the support of the two is hereafter to be combined. This seems to us a wise movement. $6.00 *per annum*, in advance. Address Dr. W. S. MITCHELL, Lock Box 890, P.O., New Orleans.

Editorial.

The December No. of the Journal, 1867,

Has been delayed a few days *necessarily*, because of change in the periods of publication intended for the ensuing year.

The present Editor took charge of the JOURNAL in March last, when its prospects were not singularly flattering. During

the year, he has been under the pressure of other engagements of the most urgent character, which have prevented him from paying that attention to the JOURNAL which it really merited. Nevertheless, its subscription list has been nearly doubled, and assurances of support of the most gratifying character have been freely tendered.

The treatise on the ENDOSCOPE, not otherwise to be procured, has been afforded to subscribers complete, notwithstanding the unfortunate demise of our friend, R. P. Hunt, M.D., who first undertook its translation.

On looking over the numbers, our friends will see that we have from time to time issued supplementary "forms," and indeed the present No. presents seventy-two instead of forty-eight pages, the usual *quantum*.

What we feel to have been lacking the last year is *time*, of which the Editor had little to spare.

The ensuing year, arrangements have been made which will enable the Editor to devote more time to preparation of the JOURNAL, and such assistance has been secured as can not fail to make its contents of a useful and instructive character.

Foreign correspondence, local news, and original articles of valuable character will be sandwiched with Editorial comments and reflections. Suffice it to say, we intend to make the JOURNAL a necessity for medical gentlemen in the North-west.

Professorial Changes.

We congratulate the profession on the recognition of the highest order of merit, in the neighborhood of New York City.

SAMUEL G. ARMOR, M.D., late of the Medical Department of the University of Michigan, has been appointed to the Chair of Principles and Practice of Medicine in the Long Island College, at Brooklyn, Prof. Flint having resigned the position in order to pay more especial attention to Clinical Medicine.

CORYDON L. FORD, M.D., late of Michigan, also has been appointed to and has accepted the Chair of Anatomy, &c., in the same College.

Two better selections for any school could not have been

made. Each of these gentlemen is of that sort referred to by the old writer: *Non tetigit quod non ornavit.*

We had "indulged a trembling hope" of standing side by side with this *par nobile fratrum* in the future, and we greet their exit to the East with the reflection that our loss is its gain—much needed.

Nil Admirari.

Because the Editorial modesty of the JOURNAL feared to express the exultant feelings of the editorial heart on the occasion of the inauguratory exercises on the completion of the new building for Rush Medical College; the editor refrained from writing an original account thereof, but was content to reproduce the reports to the City press of Chicago, made by wholly impartial witnesses. When one quotes from Scripture or Shakspeare, it is unnecessary to specify the source, for that would be considered an insult to the understanding and intelligence of reader or hearer. A similar state of things prevails with regard to the public press of Chicago. Who does not read it? To whom is it necessary to say this is from the Chicago press?

Years ago we supposed astonishment on our part at anything was a thing of the past. But it appears the Millenium has not yet come. "The people which sit in darkness" do not all of them, as yet, "see great light"—particularly in Cincinnati. They do not read the Chicago newspapers. Hence it happens when the JOURNAL quotes the words of impartial and disinterested reporters for the Chicago secular press—the LANCET, not even usually incisive, is bewildered at the "glorification," supposing it to be hyperbolical or worse. Dear LANCET, shake off your suburban notions for the nonce—come up to Chicago, and out of the fulness of the editorial heart we promise that you shall return to your smoky hamlet on the Ohio, if perchance you should thereafter wish to return, exclaiming, like the Queen of Sheba: The half has not been told!

Speaking of the LANCET—its "managing editor" aims his weapon at the jugulars of Drs. G. and A. with a bold and direct thrust. The reference is to the numbers of different classes in *Western* Medical Colleges. Whilst the LANCET "pauses,"

we reply: Nashville and Louisville (*quantum mutati ab illis!*) are *Southern* schools. Kentucky and Tennessee, in Yankee parlance, have always been "reckoned" Southern States. The classes in those schools, we might add, were ephemeral. Rush College claims a steady increase for a quarter of a century, with scarcely a ripple upon the surface of its fortunes from the rocks and curses hurled by the Apostle of Reform and his confreres.

Reference is made to Ann Arbor, and it is insisted that that concern is a "legitimate" Medical School, "for certes Dr. A. and the big Gunn of Rush were recently strong pillars in that temple."

Soberly and seriously the JOURNAL insists that the Ann Arbor concern is by no means *legitimately* to be compared to Rush or any other Western College, simply because it owes its numbers, in great part, to our knowledge, not to the character of its Faculty, whatever that may be, or to any positive superiority it may afford for medical teaching or illustration, but simply because it charges but a nominal fee for its tickets. The competition being thus wholly and absurdly illegitimate; it ought not to be ranked among legitimately competing schools.

That Dr. A. or Dr. G. made it a gymnasium of preparation for the higher duties involved in their present connection with Rush College, is only another evidence of the truth of the statement of the Chicago press which we quoted, and to which our contemporary refers.

Students at that preparatory department for Medical Colleges, in a large proportion, manifest their appreciation of the same fact by resorting to Rush Medical College, or Cincinnati, to secure the honors of the doctorate.

Meanwhile, Cincinnati, we extend to you the cordial invitation: *Come and see.*

A Voice from Lilliput.

A city contemporary has come to the conclusion that "something more than bricks and mortar is necessary to make a Medical College." The Apostle insinuates in the remark his ideal addition—a manger with a dog in it.

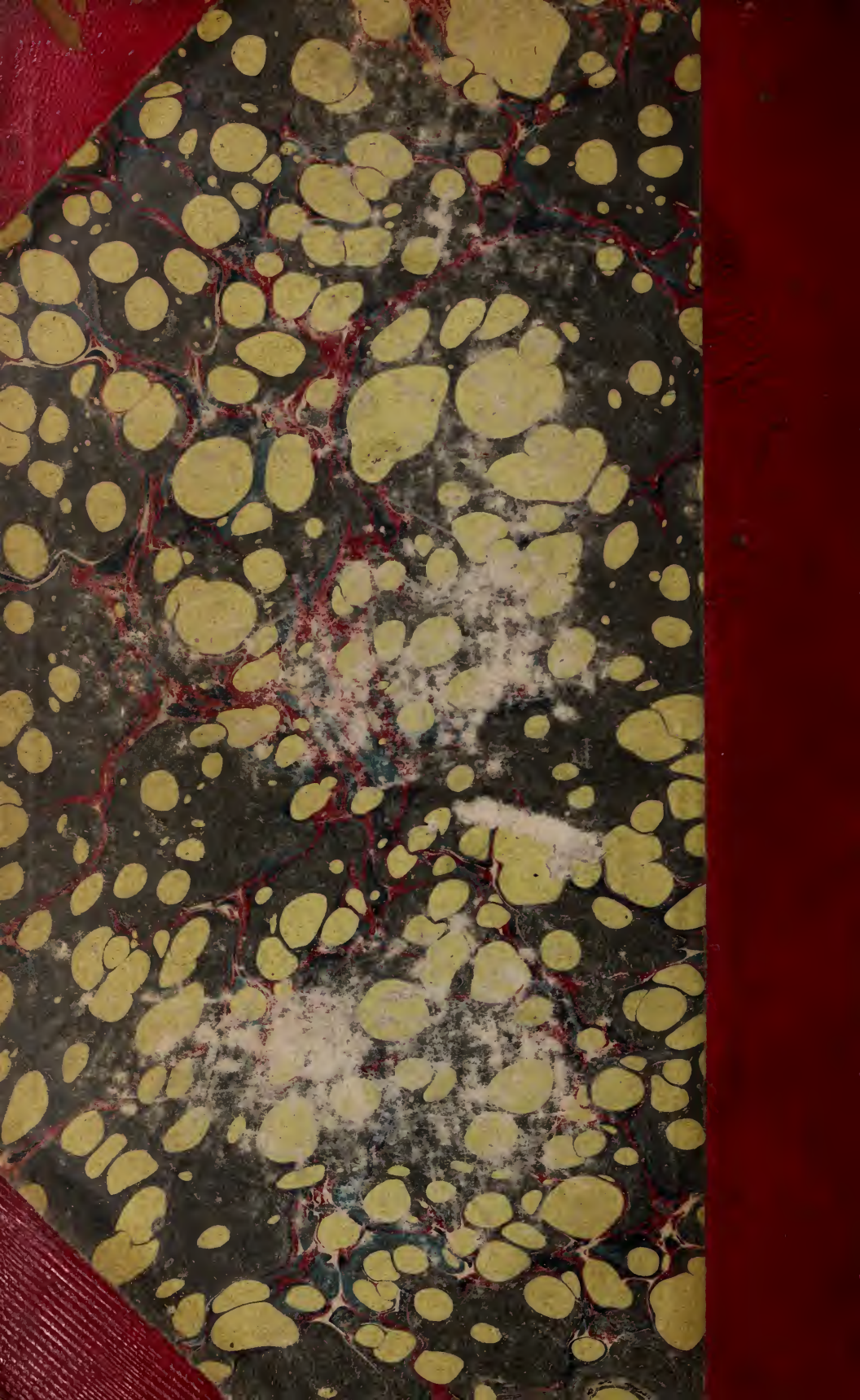
The Apostle is further melancholy, as a eunuch at the door of a seraglio, over the burden of debt resting upon Rush Medical College. It is fortunate for the bantling which he is nursing that it is impossible for it to get into debt. But for the relief of our suffering neighbor, we suggest that if he can find on the market, in bank, or elsewhere, any certificates of the indebtedness of Rush Medical College, he had much better invest in them than mortages to the quondam ice-man who dismantled a lager-bier saloon to make the diminutive shell of a Medical College we wot of. However, as the Apostle naively stated in his opening address, it is unquestionably big enough for all who will seek its shelter.

The Faculty of Rush Medical College have erected and *paid* for their new edifice, not by levying contributions on their acquaintances, but with money from their own pockets. We opine this peculiar financial method is altogether inconceivable by the attaches of the "Reform" School, but the JOURNAL makes the statement for the benefit of such of its readers as may have noticed the late melancholy wail from the Apostolic organ.

Obituary.

Jesse Judkins, M.D., Prof. of Anatomy and Surgical Pathology, in the Miami Medical College, Cincinnati, died, after a lingering illness, in that city, a few days since. He had acquired high distinction in the professioral chair—had acquired a large practice, and the personal respect and esteem of all who knew him. We suppose him to have been about fifty years of age. By his decease the Medical Profession have suffered a loss which cannot easily be repaired.

Note from Prof. Rea.

WILL the physician from Iowa, one of the Alumni of Rush Medical College, who requested me to furnish him a proper person for partner, please send me his address again, as I mislaid it, and have one who will suit him.

R. L. REA, 119 Clark Street.